DISCIPLINE OF PHYSIOTHERAPY

PRACTICE EDUCATION HANDBOOK

A Handbook for TCD Physiotherapy Students

and Practice Educators

Updated January 2022
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Section A: Discipline of Physiotherapy Philosophy

The Discipline of Physiotherapy, Trinity College Dublin aims to facilitate entry-level students to become competent, autonomous, professionals, enabling them to become life-long learners.

Graduates should have a range of skills and competencies to develop creative and innovative solutions to both emerging and predictive health care needs.

Graduates should have a combination of specific health care skills and attributes and specific profession psycho-motor skills that are required to evaluate, assess and advise clients, service users.

Graduates should be advocates for clients/service users and committed to their wellbeing.

Graduates should be capable of working alone and within multi-disciplinary teams.

Graduates are expected to complete the course having exceeded the minimum national or international guidelines / benchmark for a registered chartered physiotherapist/physical therapist.
Section B: Definition of Roles in Practice Education

The practice education team is composed of the practice education co-ordinator, practice tutors and regional placement facilitators. The following gives a brief understanding of the different roles of the team before the definition of all roles in practice education are outlined.

The practice education co-ordinator (PEC) is responsible for the overall strategic management of all aspects of practice education for the university. This role includes: management of Practice Education I, II and II modules and allocation of students to five clinical placement blocks throughout the year, quality assurance of clinical education, development of new clinical learning opportunities, designing, developing, and delivering the Preparation of Student for Clinical Practice Course, supporting students and practice educators during placements, facilitating the education of practice educators, co-ordinating and supporting practice tutors and regional placement facilitators in their roles and practice education research.

Practice tutors (PT) are funded by the HSE and based in clinical sites. This senior grade post supports students and practice educators who are staff directly supervising students, as part of the university practice education team in the clinical site. Tutors are involved in hands-on teaching and supervision of individual or groups of students. The practice tutors actively seek and develop clinical placements opportunities in liaison with key stakeholders including in a range of environments not previously explored.

Regional placement facilitators (RPF) are funded by the HSE and based in the HSE/university. This senior grade post offers a supporting role to students and practice educators as part of the university practice education team across a number of clinical sites. The RPF actively seek and develop clinical placements opportunities in liaison with key stakeholders including in a range of environments not previously explored.

Healthcare Professionals Facilitating Clinical Education in Clinical Sites

Practice educator (PE) is used to describe the identified practitioner in the clinical setting who facilitates the student learning face-to-face on a daily basis and generally has primary responsibility for the formative and/or the summative assessment of student competence.
Role of the Student

Prepare for clinical placement:

- Read pre-placement information on the TCD website.
- Submit the TCD Student CV a minimum of 2 weeks prior to commencement of placement.
- If applicable consider registering with TCD Disability Service and disclosure of relevant disability information that may warrant reasonable accommodation on placement. (see Section Q)
- Comply with all site specific pre-placement requirements including providing Garda Clearance certification, vaccination screening information etc.
- Read recommended chapters, revise lecture notes or papers relevant to placement.
- Consider own areas of strength and weakness in relation to pre-placement information provided and background knowledge of clinical area
- Seek to improve recognised areas of theoretical or practical deficit.
- Consider how theory may be applied in practice.
- Practice manual and other relevant skills.
- Prepare preliminary list of learning objectives for placement.
- Familiarise self with the Rules of Professional Conduct and the Core Standards of Physiotherapy Practice.

On placement:

- Present and discuss placement learning objectives with practice educator.
- Recognise need for self-directed learning.
- Consider the learning process as a co-operative one.
- Participate actively in all aspects of placement.
- Monitor achievement of placement learning objectives.
- Be active in seeking end of week (five minute feedback form) and midway feedback report from the practice educator.
- Be sensitive to staff workload.
- Maintain fully professional attitude at all times with patients, relatives and staff.
- Discuss difficulties or misunderstandings as soon as possible with relevant staff.
- Provide feedback on own progress to practice educator and Discipline of Physiotherapy as necessary.
- Observe and comply with the Health and Safety and Manual Handling Policies whilst on placement and take responsibility for care of oneself and others.
- Observe the proper uniform and identification procedures for each clinical site. Students should not travel to and from placement in uniform. (There may be some exceptions i.e. home visits, schools etc. check with the supervisor).
- Students should take responsibility to gain the maximum learning benefit from the placement.
Post Placement
- Provide feedback to the clinical sites and the university
- Return the CAF assessment form within a week of completing placement

Role of the Discipline of Physiotherapy

To prepare students for clinical placement:
- Deliver relevant academic theory.
- Teach appropriate practical skills in school and clinical setting.
- Develop appropriate professional attitudes.
- Explain how the clinical reasoning/ reflection processes help to put theory into practice.
- Discuss placement learning objective setting in clinical practice.
- Maintain up to date information on placements.

To liaise with practice educators with regard to the following:
- Indicate knowledge and skills base reached by students.
- To supply all relevant information including dates of placements to practice educators/ practice tutors and students.
- Discuss changes in student placements as required.

To support practice educators as follows:
- Education on the supervision, assessment and teaching in the clinical setting.
- Identifying student’s learning needs.
- Understanding and providing feedback in the clinical setting.
- Provide opportunities to contribute to BSc programme.

Role of the Practice Educator

To enable students develop Physiotherapy assessment, treatment and patient management skills:
- Assess, identify and analyse client/patient needs.
- Diagnose following patient assessment.
- Develop patient management strategies.
- Implement patient management strategies.
- Critically evaluate the outcomes of these activities.
- Assist in the development of clinical reasoning strategies.
- Provide a holistic and evidence-based approach to patient management.

To facilitate student learning within a comfortable learning environment:
- Assist with setting placement learning objectives.
- Develop a timetable to help achievement of agreed placement learning objectives.
- Facilitate practical application of academic theory.
- Enable the integration of skills acquired in university into clinical practice.
• Provide realistic caseload for stage of training.
• Promote the importance of and show motivation in own role/speciality.
• Provide frequent and relevant feedback according to the university requirement i.e. TCD Student Pathway.

To liaise with the Discipline of Physiotherapy to:
• Evaluate student clinical performance by completion of Common Assessment Form (CAF) both at midway and end of placement and liaise with the practice tutor regarding performance assessment.
• Inform the student at the earliest opportunity if concerns are identified in relation to the student’s performance and liaise with the Discipline of Physiotherapy in relation to any concern.
• Undertake practice education courses and education sessions provided by the Discipline of Physiotherapy to develop and enhance supervision skills and keep abreast of any changes in the TCD education processes and student supervision.
• Provide lectures and curricular development as appropriate.
HSE PRACTICE EDUCATOR COMPETENCIES

The aim of the HSE competencies is to promote quality in Practice Education in the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy. They have been devised by the practice education co-ordinators in conjunction with the Therapy Project Office. They are intended to form a framework document, which may be used by the practice educators to help them to identify their own educational and learning needs in this area and to guide their own CPD. It is suggested that this set of competencies will also assist the practice education teams to guide the development of practice education learning approaches and programmes. These competencies are also available on the ISCP website.

The following practice educator competencies are divided into the areas of:

1. Educational competencies
2. Assessment/evaluation competencies
3. Professional practice competencies
4. Supervision competencies
5. Management and administration competencies

1. Education Competencies

The practice educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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<tbody>
<tr>
<td>Understand learning styles</td>
<td>Understand individual differences in processing and learning styles</td>
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<td></td>
<td>Apply knowledge of learning styles to student practice education processes</td>
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<td></td>
<td>Demonstrate familiarity with learning styles and an understanding of how own learning</td>
</tr>
<tr>
<td></td>
<td>style interacts with other learning styles.</td>
</tr>
<tr>
<td>Understand models of practice education</td>
<td>Understand a range of models of practice education. E.g. 1:1 model, 1:2 peer learning</td>
</tr>
<tr>
<td></td>
<td>model, group etc.</td>
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<tr>
<td></td>
<td>Shows an understanding of teaching styles, such as reflective learning, problem based</td>
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<tr>
<td></td>
<td>learning etc.</td>
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<tr>
<td>Create a positive learning environment</td>
<td>Structures the placements to optimise student learning while maintaining a quality</td>
</tr>
<tr>
<td>for students</td>
<td>service to clients.</td>
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<tr>
<td></td>
<td>Uses all available resources to promote the students professional development.</td>
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</table>
### 2. Supervision Competencies

The practice educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate, monitor and mentor students</td>
<td>Establish and maintain an effective working relationship with the student. Present clear performance expectations initially and throughout the placement appropriate to level of practice. Organise initial planned learning, goal setting and able to re-evaluate in collaboration with the student.</td>
</tr>
<tr>
<td>Identify student competency level, learning goals and supervision needs</td>
<td>Prepare the student as appropriate for clinical practice Assess and identify each individual student’s supervision needs. Anticipates and prepares student for challenging situations as appropriate. Matches students competency levels to direct and indirect clinical demands</td>
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### 3. Assessment/Evaluation Competencies

The practice educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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<tbody>
<tr>
<td>Assess the student fairly</td>
<td>Use the student assessment tool accurately to measure student’s performance based on objective information (e.g. direct observation, discussion with student, review of student’s documentation etc.)</td>
</tr>
<tr>
<td>Encourage student development and learning</td>
<td>Involve and encourage the student in self-reflection and self-assessment using formal and informal evaluation sessions. Use evaluation process to counsel student on strengths and opportunities for development.</td>
</tr>
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## 4. Professional Practice Competencies

The practice educator demonstrates the ability to:

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<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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<tbody>
<tr>
<td>Develop all clinical practice skills of the student</td>
<td>Assist students in developing and refining clinical practice skills.</td>
</tr>
<tr>
<td>Facilitate the development of clinical reasoning</td>
<td>Demonstrate strong clinical reasoning. Facilitate effective clinical reasoning in students.</td>
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<tr>
<td></td>
<td>Guide student integration of theory and practice.</td>
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<td></td>
<td>Guide student integration of therapeutic concepts and skills and encourage reflective practice.</td>
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<tr>
<td>Facilitate documentation skills</td>
<td>Use documentation format and requirements in accordance with local and professional guidelines.</td>
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<td>Demonstrate an ability to train students in use of clinical recording processes.</td>
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<tr>
<td>Incorporate legal, ethical and professional issues that influence practice</td>
<td>Implement legal and professional guidelines that influence practice (e.g. confidentiality, role delineation etc.).</td>
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<td></td>
<td>Implement the philosophies, policies, protocols and clinical guidelines of the service provider.</td>
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<tr>
<td>Adhere to professional practice standards and code of ethics of professional association.</td>
<td>Deliver service in line with professional standards of practice and professional association.</td>
</tr>
<tr>
<td>Maintain own CPD in the area of practice education</td>
<td>Assume responsibility for and pursue professional development to expand knowledge and skills.</td>
</tr>
<tr>
<td>Be a model of professional conduct and behaviours.</td>
<td>Demonstrate appropriate professional conduct and behaviour at all times.</td>
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## 5. Management/Administration Competencies

The practice educator demonstrates the ability to:

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<th>Competencies</th>
<th>Indicators of performance</th>
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<tr>
<td>Communicate and collaborate with the practice education team</td>
<td>Establish effective communication links with the practice education team when appropriate.</td>
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<tr>
<td>Induct student effectively</td>
<td>Provide pre-placement information to facilitate advance student preparation. Provide complete orientation for student to placement site. Inform student of mission, goals, philosophy and standards of organisation/service. Set out an organised and systematic placement program (timetable, scheduled time etc.).</td>
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<tr>
<td>Manage time effectively</td>
<td>Effectively balance own caseload and student learning needs. Manage own time efficiently and encourage student in developing time management skills. Complete and distribute in a timely manner all student evaluations including but not limited to the mid/final evaluation.</td>
</tr>
<tr>
<td>Develop student clinical management and prioritisation skills</td>
<td>Assist the student in developing and refining clinical management and prioritisation skills.</td>
</tr>
<tr>
<td>Implement quality improvements</td>
<td>Encourage ongoing evaluations of student placements/education along with practice education team. Modifies placement based on feedback/evaluation.</td>
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Role of the Practice Tutors / Regional Placement Facilitator

To facilitate student learning in a positive learning environment:

- Comprehensively orientate students to the physiotherapy department, clinical setting and student learning resources.
- Liaise with the students to ensure they identify their own placement learning objectives and encourage student self-directed learning timeframe.
- Provide tutorials/case presentations/group and peer learning/practical sessions with students appropriate to their level and consistent with the learning objectives of the students.
- Facilitate effective student learning in terms of assessment, clinical reasoning, treatment techniques, patient management, outcome measures and documentation appropriate to the level of the student.
- Provide ongoing feedback to students about their performance in conjunction with Practice educators.
- If student is experiencing difficulties to liaise with student, practice educator and university to identify learning needs and formulate an action plan, with regular time tabled feedback.
- Support the student and practice educator appropriately if a student fails the mid-way or final assessment and inform the practice education co-ordinator.

To liaise with the practice educators with regard to:

- Placement dates and student numbers prior to placement.
- Timetabling and content of tutorials.
- Providing advice, support and assistance in assessing the performance of a student(s).
- Providing mentoring support and organization of CPD activities related to education and evidence-based practice.
- Regular audits and evaluation of clinical placements.

To liaise with the physiotherapy manager with regard to:

- Developing a positive culture in relation to student education within the Physiotherapy service.
- Operational issues related to clinical placement.
- Developing new areas where student education can be facilitated and patient services can be enhanced.
- Provide an annual report on the contribution of practice education to the Physiotherapy service and university.

To liaise with the Discipline of Physiotherapy with regard to:

- Working in partnership with the practice education co-ordinator to ensure optimal clinical learning experience and the development of clinical placements.
• Feedback pertinent matters to the practice education co-ordinator from the clinical site such as particular difficulties experienced by students, or issues related to the provision of placements.
• Ensure attendance at practice tutors and staff meetings.
• Contribute to and attend clinical education workshops and education days organized by the university.
• Linking with the Head of the Discipline regarding issues related to clinical placement and curriculum development.
• Participating in organizing and the assessment of student performance.
• Contributing to teaching of practice education modules and occasional lectures in the academic programme.

Role of the Practice Education Co-ordinator

To prepare students for clinical placement:
• Inform student in relation to the requirements of the university, the HSE and clinical placement sites during clinical placements.
• Provide students with information relating to Practice Education Modules structure, clinical education assessment, TCD feedback process etc.
• Develop and teach specific preparatory modules for students prior to commencement of clinical education and throughout the academic year to prepare students and consolidate their learning.

To liaise with the practice tutors with regard to:
• Effectiveness of student preparation, the clinical environment and student progress.
• Numbers of clinical placements available and development of clinical placement opportunities.
• Feedback received from students and practice educators

To support practice tutors, regional placement facilitators and practice educators with regard to:
• The provision of CPD education workshops and study days related to clinical education.
• Regular communication in relation to changes or updates in clinical education.

To support the Discipline of Physiotherapy and clinical placement sites:
• Assume responsibility for the strategic management of clinical education including the development of placement opportunities and the education of practice educators.
• Co-ordinate, arrange and manage clinical placements.
• Participate in the quality assurance mechanism of the student learning environment by seeking feedback from students post placement to monitor the learning environment. Use information received to guide improvements in practice education.
• Participate in assessing student performance.
• Participate in the development of practice education curricula with the aim of integrating theory into practice and fostering evidence-based practice in alignment with accreditation standards.
• Contribute to practice education network with practice education coordinators in other regions.
• Occasionally deliver lectures in the academic programme when appropriate.
SECTION C: CLINICAL PLACEMENT ORGANISATION

Clinical placements are an essential component of the physiotherapy course providing the focus for the integration of theory and practical skills and development of the clinical reasoning process. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to a qualified physiotherapist.

GENERAL OBJECTIVES OF CLINICAL PLACEMENT

- Provide clinical experience in a variety of clinical settings.
- Provide an environment that allows the student to reinforce and broaden their theoretical knowledge.
- Enable the student to examine and assess patients in the clinical setting.
- Enable the student to identify problems, plan treatment and identify short and long term goals for patients in a wide variety of settings.
- Provide an environment that enables the student to become proficient and confident in the practical application of physiotherapy skills.
- Enable the student to evaluate treatment outcomes and re-evaluate management programmes.
- Enable the student to work within the multi-disciplinary team and understand and appreciate contributions of other health professionals.
- Enable the student to recognise the effects of disability, age, culture and socio-economic status upon individual health status.
- Ensure that the student understands contraindications to and limitations of treatment methods.
- Develop an understanding of disease prevention and health promotion and the physiotherapists’ role in patient education relating to same.
- Enable the student to develop professional attitudes and behaviours.

The Practice Education modules at Trinity College Dublin has five clinical placements of 6 - 7 weeks duration, commencing in the second semester of 2nd year and running through 3rd and 4th years. See placement schedule below.

The placements are structured as follows:
- Practice Education I module includes the Preparation for Clinical Practice Course and a 6 week clinical placement at the end of 2nd year (P1).
- Practice Education II module includes Placement 2 & 3 (P2 &P3).
- Practice Education III module includes placements 4 and 5 (P4 and P5).
Table 1: Schedule of Practice Education Modules

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<tr>
<th>Module</th>
<th>Placement Number</th>
<th>Duration</th>
<th>Semester</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Practice Education I</td>
<td>P1</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>2nd year</td>
</tr>
<tr>
<td>Practice Education II</td>
<td>P2</td>
<td>6 weeks</td>
<td>Semester 1</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education II</td>
<td>P3</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education III</td>
<td>P4</td>
<td>7 weeks</td>
<td>Semester 1</td>
<td>4th year</td>
</tr>
<tr>
<td>Practice Education III</td>
<td>P5</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>4th year</td>
</tr>
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The learning outcomes for each of the Practice Education Modules are outlined in Appendix VI.

CLINICAL SITES

Clinical placement takes place in a wide variety of clinical settings. The Discipline of Physiotherapy collaborates with two large teaching hospitals in Dublin: St. James’s Hospital (SJH) and Tallaght University Hospital (TUH). Other clinical teaching sites include a number of smaller hospitals, specialist treatment centres, primary care and community-based units, private practices, schools and day care facilities among others. Clinical placements outside Co. Dublin include: the Midland Regional Hospitals in Tullamore (MRHT) and Mullingar (MRHM), Cavan / Monaghan Physiotherapy Services and a number of primary care services mainly in Dublin South City, Dublin South West and Dublin West. All frequently used clinical placement sites are listed in the pre-placement information hosted on Blackboard. Details of regular placement sites are available in Appendix II.

Practice educators facilitate student education in the clinical setting. Practice educators supervising clinical placements have a strong clinical knowledge or may be experts in their field and are generally the lead educators during clinical placements. Students should be aware that clinical teaching for a practice educator is in addition to a normal busy workload. In some of the larger clinical sites dedicated practice tutors support students and practice educators. Other sites are supported by the regional placement facilitators, the practice education co-ordinator or the other university staff who visits the clinical site for tutorials and/or meetings with the student and educator. The frequency of these visits depends on the needs of the student and the practice educator.
Regular Student Allocation to Clinical Placements Process

The practice education co-ordinator is responsible for arranging all clinical placements. Students are not allowed to arrange their own placement in a core clinical placement site named in the pre-placement information. Erasmus placements are negotiated through the Discipline of Physiotherapy Erasmus Co-ordinator, Cillín Condon.

All students must be available to go on placement outside of Co. Dublin at least once during the Practice Education Modules. A change in placement will only be accommodated if a student can demonstrate special circumstances that warrant a review. Students must inform the practice education co-ordinator as soon as they are aware of special circumstances that preclude them from a specific placement allocation. Students are generally required to make a case to their college tutor who will then make representations on behalf of the student to the practice education co-ordinator for consideration. The Head of Discipline may be consulted if required.

**Important information to be aware of relating to placement allocation**

If a student is aware of circumstances that preclude them from a placement outside of Dublin, the student must inform the practice education co-ordinator as soon as possible. Where feasible at least 12 weeks’ notice should be provided in advance of the placement start date. The practice education co-ordinators generally seek confirmation of allocation list 12 weeks in advance of placement therefore any restrictions to placement allocation needs to be communicated to the practice education co-ordinator as early as possible to be accommodated.

The placement allocation list can change even after all placements are confirmed and the list has been provided to the students. The practice education co-ordinator aims to provide confirmation of placements to the students at least 4 weeks in advance of commencing placement. However, final confirmation from some clinical sites may not be available at this time therefore confirmation may be delayed until closer to the start date of placement. Cancellation of placement at short notice may occur due to unforeseen circumstances. A change in placement allocation for one student may have an effect on another student’s placement. **All students** should be available for alternative allocations even if the full placement list has been provided to the class. Exceptions can be only be made for students who have already made a case to the practice education co-ordinator with valid reason for special consideration. Students will be contacted by email/or phone to inform them of reallocation.

Although commitments to TCD sports, charitable activities or other events may be taken into consideration when allocating students to placement, it may not always be possible to accommodate all student requests as core placements and other consideration need to be reviewed. Students are advised not to commit to paid courses or participation in specific groups during placement time until placement commences, as a placement allocations may change even as late as the week before the start date of placement.
COVID-19 Pandemic Student Allocation to Clinical Placement Process

Where possible, the Discipline of Physiotherapy will aim to inform each student of their allocation at least two weeks prior to the placement commencing. Students should then contact their placement site as soon as their allocation is available with their TCD Student CV and other documents as advised in the pre-placement information on Blackboard. In some cases, two weeks’ notice may not be possible, and students should contact the sites immediately on receiving notification of their allocation. Due to the changing clinical environment the potential that placements may be cancelled at short notice is a possibility or that the allocated clinical area may be changed.

Placements may be of a longer or shorter duration and it may mean back-to-back placements in one site to avoid students moving between clinical sites. It may not be possible to provide a break between placement blocks for some groups if back-to-back placements occur.

Clinical areas may have a different mix of patients and more general rehabilitation patients at this time. Students should record core hours (respiratory, musculoskeletal and neurology/older persons care) undertaken during the placement in their Clinical Placement Profile (page 4 CAF), as per normal practice to ensure accurate recording of experience gained in specific clinical areas.

Holidays may not be taken during placement as this is a work-based placement with a commitment to the physiotherapy team, Physiotherapy department and patients. A written professional warning may be given to the student in the CAF Part 2 if this is contravened.

Study Time During Placement.
Students need to plan time for evening reading, revision, research on patient conditions, preparation of presentations or practicing practical techniques with colleagues etc. These activities may be required to be completed outside of placement hours as the majority of clinical time on site is recommended to be with patients. As clinical placement is a work-based placement it is normal to find it tiring and feel the pressure of adapting to the new environment. Generally, the strain should reduce as you become familiar with your caseload, colleagues and the routine. Students should plan for adequate rest time in the evenings and at weekends to ensure they can give their maximum effort to engaging with the clinical learning experience. If a feeling of pressure remains high students should discuss this with the practice educator, practice tutor or visiting College support.

Supervision Models during Placement
A number of different placement models are used to facilitate student learning across health professional programmes. In Physiotherapy undergraduate education the most commonly used models is the 1:1 (one student supervised by one educator) model. Approximate 24% and collaborative models 2:1 (two students supervised by one educator), 3:1 (three students supervised by one educator), 1.2
(one student supervised by two educators). Across TCD partner sites students will participate in a variety of supervision models. Each model has its own benefits and challenges. Students undertaking a 2:1 collaborative model of placements should complete the Introduction to Peer Learning Module hosted on the Discipline of Physiotherapy website or click on link below.

https://www.tcd.ie/medicine/physiotherapy/assets/story/story_html5.html?lms=1

In 2014, the Physiotherapy Practice Education Team in Trinity College successfully developed and implemented a 2:1 supervision framework and model for undergraduate physiotherapy clinical education. This 2:1 model has four pillars to its framework: incremental learning, peer observation, scripting and feedback, clinical reasoning and peer discussion groups. Research on the pilot study of the 2:1 supervision model and a second student reviewing supervision model in undergraduate Physiotherapy education are available through the links below.

Evaluation of a 2 to 1 peer placement supervision model by physiotherapy students and their educators


Supervision models in physiotherapy practice education: student and practice educator evaluations


CLINICAL HOURS REQUIREMENTS

In accordance with the ISCP/ World Confederation of Physical Therapy (WCPT) guidelines physiotherapy students must complete a minimum of 1000 hours of clinical practice to be awarded a BSc in Physiotherapy. It is mandatory for students to attend clinical placement on a daily basis. Students may complete additional placements hours over the 1000 to mitigate against loss of time due to unexpected leave e.g. illness etc. Students are expected to complete 65% of placement hours. By the end of the programme if 1000 hours have not been completed due to sickness or other reasons, students are required to make-up lost time normally after the final examinations or at another appropriate time that can be facilitated by the Discipline of Physiotherapy. Students should make arrangements with the practice education co-ordinator to schedule these clinical hours. Students are advised to keep an ongoing record of their clinical hours so that they are aware if there is shortfall.

Clinical hours should be recorded on the ‘Record of Clinical Hours Completed Form’ in the CAF. **It is the students’ responsibility to ensure the hours are recorded accurately** and ensure hours are checked before returned the CAF. The Discipline of Physiotherapy requires this form to be signed at the end of placement by the practice educator/practice tutor to verify hours attended during placement. The practice education co-ordinator also keeps a rolling record of all student hours completed.

When recording placement time in the Record of Clinical Hours Completed page in the CAF, only record 30 minutes units of time e.g. 25.5 hours is acceptable. Quarter hours
etc. are not acceptable and will be rounded down e.g. 25.25 is recorded as 25 hours and 25.75 as 25.5 hours. Lunch breaks are not included in clinical hours. An allowance for 20-30 minutes for a coffee break is provided and does not need to be taken out of clinical hours.

Students complete 31 weeks of clinical placement. Approximately 7 hours a day should be spent engaging in clinical learning, with an average of 35 hours per week. There is some variation in hours provided between sites, some sites may offer more than the regular hours (35 per week) and some less hours. Some placements sites may be in a position to offer additional hours if students miss any time during placement due to illness or for other reasons. The students should liaise with the practice education co-ordinator and practice educator/tutor in relation to these requests.

CORE PLACEMENTS

The Discipline of Physiotherapy provides placements in the following core areas of practice:

- Respiratory /Medical Respiratory Care
- Neurology Care / Older Persons Care
- Musculoskeletal Care

Every effort is made to ensure all students complete their core placements, the Discipline of Physiotherapy reserves the right to place all students where and when it finds necessary in order to meet the needs of the programme. Clinical placements can be limited and subject to availability.

Clinical learning experiences are available in the following areas:

- Paediatrics
- Cardiac Surgery and Rehabilitation
- Primary Care (PC)
- Exercise Rehabilitation in Weight Management
- Burns and Plastics
- Amputees
- Rheumatology
- Spinal Injuries
- Adult and Child Intellectual Disability

PREPARATION FOR CLINICAL PRACTICE

During the second semester of 2nd year students complete the Preparation for Clinical Practice Course and a six week clinical placement (P1) as part of the Practice Education I Module. The first week of placement is a Foundation Week, which serves as an introduction to the clinical environment and as a time to begin to develop some fundamental skills for clinical placement. These skills include an understanding of the role of the physiotherapist, becoming familiar with documenting a database,
practicing risk assessments, fundamental patient moving and handling skills and begin to develop communication skills with patients/clients and members of the MDT.

Students will be assigned to one or more supervising physiotherapists (practice educators) while on placement. As part of the Foundation Week students will be asked to achieve a list of tasks/skills which are listed on the Foundation Week Placement 1 Form. Evidence of participation in the Foundation Week of placement will contribute to part of the CAF assessment. Before commencing P1 all students must read the pre-placement information provided by the clinical sites and prepare for the placement as required. Work, sporting and external commitments are not valid reasons for not having completed necessary preparatory and on-going work for clinical placement.

All students must bring their uniform and name badge to the placement site every day. Uniforms (as per the Discipline of Physiotherapy uniform policy) and name badges must be worn at all time during clinical placement. If student do not have their correct uniform or name badges they may not be allowed to participate in clinical placement. Some clinical sites have a site specific uniform policy agreed with the Discipline of Physiotherapy and replaces the regular policy. Please see pre-placement information for individual sites. Please contact the Executive Officer in the Discipline of Physiotherapy physio@tcd.ie to order a new badge or uniform.

See Appendix I & II for contact details for practice tutors and individual sites.

**STUDENT FEEDBACK PROCESS**

At the end of each placement students are sent an online questionnaire asking about their placement experiences. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. Once all of the questionnaires are received they are reviewed by the Assistant Professor Emer Barrett and the following process is put in place.

During each Semester the practice education co-ordinator meets the class or class representative and issues relating to practice education can be discussed. Class representatives may also be invited to participate at practice education team meetings. Following discussion and agreement any appropriate follow-up action is taken.
Curriculum change
Change to PE structure
Head of school or PEC
Meeting with Student reps & School
Site Tutor

Student Feedback via online survey

After each placement
EB reviews all forms

Head of school or PEC

End of the year
Reports on each of the core areas distributed to lecturers
Individual site report sent to tutors
Identification of themes of feedback

Curriculum change
Change to PE structure

Meeting with Student reps & School
Section D: Generic Placement Learning Objectives

Students are required to set individual placement learning objectives with the practice educator and/or practice tutor for every clinical placement. The student may draw up a preliminary list of objectives before placement which can be refined with their practice educators’ guidance. It is recommended that placement learning objectives are developed at the end of the first week of placement. This timeframe allows for the student to gain a general insight into the learning opportunities and caseload in their clinical area. It also gives time for the practice educator to assess the student understanding of their learning needs. Consideration should be given to areas highlighted by educators in the previous placement. This is a working document and may be reviewed and added to as learning needs emerge during the placement. New learning needs identified in feedback sessions (e.g. after discussing the Five Minute Feedback Form) can be documented in the Placement Learning Objectives Form. Placement learning objective should be reviewed by the student on a week-to-week basis and more formally at midway and end of placement with the educator. Further information on setting placement learning objectives is available in the Practice Education Handbook (Section F).

General learning objectives have been developed for respiratory, neurology/care of the older persons care and musculoskeletal out-patient placements. The actual location/site of student placement will determine the specific objectives set, as will the students range of experience. Objectives should be SMART (specific, measurable, achievable, realistic and timely), outline what actions needs to be taken in order to achieve placement objectives, record successes and/or difficulties encountered and evidence of achievement where possible. It is imperative that learning objectives are regularly reviewed while on placement to ensure students meet them and should be linked with the 5MFF (Five Minute Feedback Form), as agreed between the student and the practice educator (PE) and/or practice tutors (PT).

Appendix VII provides a list of generic objectives for the main areas of placement and are useful to review when planning new objectives.
Section E: Clinical Placement Evaluation and Guidelines

Contents

- Clinical placement evaluation
- The Common Assessment Form (CAF)
- The Underperforming Student.

Clinical Evaluation

The Common Assessment Form (CAF) is used to assess all physiotherapy students on clinical placement (Appendix IX). The CAF is designed to aid the practice educator to complete the assessment of a student physiotherapist during clinical placement. Performance in each clinical placement is assessed by achieving learning outcomes demonstrated by an appropriate behavior. This form is completed by the practice educator and/or a practice tutors/regional placement facilitator. The completed CAF should be returned by the student to the Practice Education Co-ordinator within a week of completing placement.

The Common Assessment Form (CAF)

This form was developed by the four Schools of Physiotherapy in the Republic of Ireland to create a common form that will be used to evaluate student performance in all four schools. There are three different levels of this form:

- The Level 1 form assesses Placement 1 (2nd Year)
- The Level 2 form assesses Placement 2 and Placement 3 – (3rd Year)
- The Level 3 assesses Placement 4 and Placement 5 (4th Year)

GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

The assessment of the student’s performance is divided into two parts.

Part 1 contains five areas of practice each of which contribute to the overall grade.

- Patient Assessment
- Patient Treatment/Management
- Professionalism
- Communication
- Documentation

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should have achieved by the end of the placement.
There are 10 learning outcomes in each of the areas of patient assessment, patient treatment/management and professionalism. There are 5 learning outcomes in each of the areas of documentation and communication.

For most of the learning outcomes, there are a number of expected behaviours, designed to help the practice educator decide if the learning outcome has been achieved at a particular level. This list of behaviours is not exhaustive but aims to be the main guide for educators in assigning a mark. The learning outcomes do not change from level one to level three, rather the behaviours change.

Assessment Criteria for each area are also given. The practice educator should apply these to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. The student should receive a mark which most clearly reflects their achievements in relation to the outcomes.

A mark is awarded at both midway and end of placement. Midway assessment should be based on the work completed within the first half of a placement and marked in the midway section. The final mark should be based primarily on the performance on the latter half of a placement. Practice educators are required to provide written feedback to the students at midway and final assessment. Space is provided for both comments and a mark to be recorded at midway and at the end of the placement.

In Level 1, when assessing the behaviours containing the words ‘With guidance’ it is essential to consider the amount of guidance the student required. There is an expectation that the level of guidance will reduce from the beginning to the end of the placement time. If the student requires the same guidance throughout the placement for a learning outcome, the mid-placement and final placement marks/grade should be adjusted accordingly.

On the front page space for any general comments the practice educator may wish to make is provided. The CAF must be signed at the bottom of the front page by the practice educator or practice tutors and the student.

Part 2 carries no marks but the student’s performance must normally be satisfactory in order to pass the placement.

Safety

The area of safety is awarded a pass or fail. If a student doesn’t receive a pass grade in safety, then (s)he is deemed to have failed the placement. If a safety issue arises students may be given a written warning at the discretion of the practice educator/practice tutors on part 2 of the CAF. The practice education co-ordinator should be notified if a written warning is being given to a student. If repeated safety warnings are given, the Discipline of Physiotherapy will liaise with the practice educator/practice tutors (+/- physiotherapy manager if appropriate) to discuss and implement any further appropriate action. Should a student be deemed unsafe to remain in placement, then the Discipline of Physiotherapy should be notified immediately.
Professional Behaviour
The area of professional behaviour is awarded a pass or fail. If student doesn’t receive a pass grade in professional behaviour, then (s)he is deemed to have failed the placement. If a professional issue arises students may be given a written warning at the discretion of the practice educator/ practice tutors on part 2 of the CAF. The practice education co-ordinator should be notified if a written warning is being given to a student. If repeated professional warnings are given the Discipline of Physiotherapy will liaise with the practice educator/practice tutors (+/- physiotherapy manager as appropriate) to discuss and implement further appropriate action. Should a student be deemed unprofessional to remain in placement, then the Discipline of Physiotherapy should be notified immediately.

Therefore Part 2 of the CAF can be failed either on cumulative safety or professional behaviour issues or on the basis of a single event of significant gravity in either of these two area’s that would warrant an immediate failure. Cumulative events will usually be preceded by written warning(s) and a record of events in either or both of these two sections will be kept by the practice educator/ practice tutors to support a cumulative failure in this section.

Points to consider when marking the form:

- The student should be assessed with reference to his/her current stage of training. The practice educator should consider the level of knowledge and experience appropriate for the clinical education placement being undertaken.
- If the student has undertaken a split placement spending time in two different clinical areas and with more than one practice educator, or had more than one supervising physiotherapist in a single area, the practice educators should meet up to score the form together before presenting feedback to the student.
- A score between 8 and 10 should be reserved for an exceptional student.
- For a Level 1 student most behaviours are ‘with guidance’ to achieve a learning outcome. As the placement progresses the level of guidance needed is expected to decrease.
- If a learning outcome is not appropriate to the clinical area not applicable NA may be written in the scoring box and the marks will be adjusted accordingly.
- A clinical placement may be failed if the following marks are received on the CAF:
  - An overall grade of less than 40%
  - A grade of less than 40% in two sections of the CAF (e.g. the Assessment section and the Communication sections).
  - A fail in either the Safety or Professionalism section of Part 2 of the CAF.

When to Assess: Informal assessment and feedback
The behaviour and action of students should be monitored and corrected on a day-to-day basis throughout the placement. For example, it is important to give feedback as soon as possible after observed assessment/ treatment sessions, informing the student regarding what they are doing well and directing them to areas of practice that require adjustment.
**Formal assessment**

The students’ performance is formally evaluated on two occasions during the placement, at mid-placement and at the end of placement. Practice educators are requested to take time to sit with the student and review the mark awarded giving feedback about student strengths and areas for further development at a midway and end of placement.

**Midway evaluation**

- At mid-placement, the mark awarded should reflect the student’s strengths and weaknesses in **first half of the placement**.
- Written remarks at mid-way evaluation are pivotal and give the student direction for improvements.
- Student behaviour should be observed on a regular basis to provide considered feedback.
- It is important that the student is provided with both formative (descriptive feedback) throughout the placement on their progress to aid their development and enable them to take remedial action necessary to succeed in latter half of placement. Summative (evaluative) feedback is given when grading the CAF at midway and at the end of placement.
- Identify and discuss strategies to help the student plan to improve their skills. This is particularly important if the student appears to be failing (refer to Section F for further detail regarding procedures with an underperforming student).

**End of placement evaluation**

- At final assessment, the mark awarded should reflect students’ strengths and weaknesses primarily in **the second half of placement**. This ensures that students are given a final mark on behaviours, actions and performance **after** guidance and correction from the practice educator/practice tutor and that the student has had an opportunity to adapt and change as necessary to the clinical environment. The mark awarded provides a final grade that will contribute toward the students’ end of year marks.
- Written remarks should also be provided at the end of placement. This is important in order to facilitate performance development in future placements.

**A record of clinical hours** is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. **The student should complete the record and the practice educator and/or practice tutors must verify the hours completed and sign that the record is accurate.**

The CAF can be located at: [www.medicine.tcd.ie/physiotherapy/clinical_education](http://www.medicine.tcd.ie/physiotherapy/clinical_education)

All CAF marks go forward towards the relevant end of year results (see table below for breakdown of results).
<table>
<thead>
<tr>
<th>Year</th>
<th>Placement</th>
<th>Contribution towards end of year marks</th>
<th>ECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd year</td>
<td>P1</td>
<td>8.33%</td>
<td>5</td>
</tr>
<tr>
<td>3rd year</td>
<td>P2 and P3</td>
<td>33.33% (16.66%)</td>
<td>20</td>
</tr>
<tr>
<td>4th year</td>
<td>P4 and P5</td>
<td>33.33 (16.66% each)</td>
<td>20</td>
</tr>
</tbody>
</table>

**Clinical Experience Profile in the CAF**

As part of the CAF students are required to complete the Clinical Experience Profile (page fours CAF) for each placement. This information assists with estimating core hours required for placement by CORU and the ISCP and gives a profile of the age categories of patients seen during placement. Students should record hours undertaken in each core areas of practice (respiratory care, musculoskeletal care, neurology care) for individual placements. An example is a patient who requires a mobility assessment and has a history of a stroke or Parkinson’s Disease. This may be included as neuro experience as this will be incorporated into the patient assessment and treatment. Another example would be considering a placement in AMAU (Acute Medical Admission Unit) in SJH. Approximately fifty percent of the caseload is respiratory and the remaining caseload consists of ambulatory care and a mix of clinical specialities in older persons care (OPC). This should be recorded in the table provided reflecting the number of hours provided in each area e.g. resp. 90 hours and OPC 90 hours. Some of the OPC hours may be included in neuro if appropriate as per first example.

The student is asked to carefully consider their caseload at the end of each placement and complete the table provide as accurately as possible. Students may seek help from their educators in relation to their caseload or contact the practice education co-ordinator for further guidance. Hours estimated will be used to guide information for transcripts requested. Other information sought in the table includes age categories of caseload and clinical setting.
Section F: The TCD Student Pathway and the Underperforming Student Procedure

TCD Student Pathway

This student pathway is a framework designed for use with all students during placement. This pathway is intended to assist practice educators with student management at any point during placement. The pathway also provides for the management of a student who is perceived to be having difficulty on placement and/or who is not reaching the performance standards set out by the Discipline of Physiotherapy. It should be used in conjunction with support from the practice education team, the documents outlined in the process and the university support services as required (e.g. College Tutor Service, Counselling Service, Disability Service and College Health etc.). Students are required to engage with this pathway. Guidance and support will be provided by their practice educator and the practice education team.

TCD Student Pathway

The TCD Student Pathway Documents

The following section provides information on the documents used as part of the TCD Student Pathway.

Placement Learning Objectives Form (see Section D above)

Five Minute Feedback Form

The Five Minute Feedback Form (5MFF) identifies areas of achievement and development by the student and the educator on a weekly basis. Each week students play an active role in self-assessment when completing the form. The student is
required to reflect on areas that went well and areas for improvement and document items **before** bringing the form to their educator for discussion. In addition, students or educators can identify any challenging situations that may have arisen during the previous week of placement. Students with the help of the educator should make a specific plan to address any learning needs identified and record it in the ‘agreed plan’ box. The student Placement Learning Objective Form may be reviewed alongside the 5MFF for any changes needed. Practice educators are requested to provide written feedback on a weekly basis using this form. Alternatively, student may document verbal feedback provided by the educator at the meeting and the practice educator must sign this off as accurate feedback. The form should be used on the weeks when CAF feedback is not given e.g. during a six-week placement: week 1, 2, 4 and 5.

If concerns are identified an action plan should be formulated and put in place to address any issue that has arisen. If a serious concern or persistent concerns arise the Discipline of Physiotherapy should be notified and a management plan put in place. It is recommended that the 5MFF be completed on Wednesday or Thursday to allow students time to consider feedback discussed and seek clarification if required before the weekend break. Depending on the amount of feedback provided this form may take longer than five minutes. It is recommended that the student provide a copy of the form to the educator each week.

**TCD UNDERPERFORMING STUDENT PROCEDURE**

A clinical placement may be failed if the following marks are awarded on the Common Assessment Form (CAF).

- An overall grade of less than 40%
- A grade of less than 40% in two sections of the CAF (e.g. the Assessment section and the Communication sections).
- A fail in either the Safety or Professionalism section of Part 2 of the CAF.
UNDERPERFORMING STUDENT PROCEDURE

1. • A serious concern(s) is raised regarding the student performance and/or, safety and/or professionalism or repeated episodes of concern occur
• Refer to assessment form to identified specific area(s) of concern
• Consider internal/external factors impacting on the student's performance
• Consider seeking a colleagues opinion and/or MDT member familiar with the student

2. • Liaise with the practice education team/university for support
• Consider if the student needs any of the university support services. Link with practice education team as needed
• Complete the Risk of Failure Form (RFF) (include input for other educators and tutors as appropriate)
• Provide feedback to student and develop specific objectives and an action plan (RFF)

3. • Implement a new action plan with additional supports for the student
• Provide prompt and direct feedback to the student regarding their progression on a consistent basis
• If objectives are achieved - the student has progressed to at least the minimal standard required and may pass the competency or competencies
• If objectives are not achieved - the student has not progressed or reached the minimal standard to pass the competency(s), the student may fail the CAF

The following section provides information on the documents used as part of the Underperforming Procedure.

Risk of Failure Form

The Risk of Failure Form (RFF) is used when there is a serious concern that the student will not pass their placement. The student must be informed that there is a risk of failing placement both verbally and in writing, the CAF or the RFF fulfils this documentation. This is generally based on the scores in Part 1 of the CAF or related to safety and/or professional issues identified in Part 2 of the CAF or SMFF. The RFF is completed by the practice educator and/or practice tutor. Support will be provided by the practice education team, practice education co-ordinator and/or university staff as required. The aim of this form is to assist the student and the practice educator in identifying and understanding the concern(s) which have been raised. It provides for learning objectives to be identified and a comprehensive action plan to be formulated to address the concern(s). A formal review date of the objectives should be set at the time the form is completed. Using the RFF signifies a student is at risk of failing a clinical placement.

Informal feedback sessions should take place either daily or every second day prior to the formal review. In order to ensure fairness, concrete and consistent evidence of failure to meet the required standard, is required. Meeting all of the objectives on the risk of failure form does not automatically ensure the placement will be passed. For example a once off safety event may also lead to a student being unsuccessful in the placement. The form should be agreed and co-signed. The student, the practice
educator or practice tutor and the university must be provided with copy of this form once completed. A change in behaviour/performance needs to be demonstrated and a sufficient level of competence achieved in relation to the clinical assessment form for the placement to be deemed successful.

The Clinical and Non-Clinical Log

The ‘Clinical and Non-Clinical Log’ is a supporting document for the TCD Student Pathway and the Risk of Failure Form. This log may be used to provide a brief record of any incidents when an educator has concerns regarding a students’ performance. The ‘Clinical and Non-Clinical Log’ can be used as a clear record for feedback purposes.

All documents are available under student resources on TCD Blackboard.

Key points regarding the management of underperforming or struggling student.

- **Case-by-Case consideration**: Cases where a student is struggling or underperforming are very often complex and sensitive and should be managed on a case-by-case basis using individualised and holistic approach at all times.

- **Early communication**: Once initial concern(s) regarding the student’s competency or difficulty is raised the practice education team/university should be informed. This contact should be maintained over the course of the placement with regular updates provided by all parties involved. At least weekly communication is recommended with the university.

- **Consistent feedback**: Providing prompt and direct feedback to the underperforming student on a consistent basis is extremely important for maximising the student’s understanding and learning. This feedback can be given in an informal and formal way (using supporting documentation forms). Discussing specific concerns with the learner allows the educators to gauge their knowledge and self-awareness. Relate your observations back to the learning outcomes in the Common Assessment Form (CAF). Written feedback is powerful feedback and can be more effective than verbal feedback alone. Give specific examples for evidence of limitations in knowledge, skills, care episodes or unprofessional behaviour.

- **Clarifying the student’s understanding of feedback provided**: It is important to ensure the student has received and understands the key areas that need to change to attain a competent grade. It is useful to give the student time to reflect on the feedback and return with a written summary of the areas that need to be worked on. Strategies to improve the student’s performance may be discussed at the time feedback is provided or on the following day. Student may need support to develop these.

- **Setting clear attainable and incrementally progressive objectives**: Careful consideration to setting placement learning objectives on a day-to-day or week-to-week basis is required to enable the student to achieve a change in behaviour or competent level of performance. The change in behaviour(s) needed to meet the required standard(s) should be identified. Realistic, achievable and progressive objectives should be set.
• **Action plan:** An action plan with clear strategies aimed at meeting the objectives should be set by the student and educator. Changes that are needed to reach the minimum standard should be set out for the student’s learning. Practice educators/practice tutors will need to support the student’s learning and reduce the level of support as performance levels improve and objectives are attained. As far as possible reasonable support measures need to be taken to assist the student to meet the required standard.

• **Clear documentation:** Practice educators/practice tutors are requested to record all relevant documents i.e. 5MFF, Learning Objectives Form, CAF, +/- Risk of Failure Form and the ‘Clinical and Non-Clinical Log. This information will be required when providing evidence of support if the learner is not successful in the placement. The documentation should be factual, non-judgemental, identify strengths and weaknesses and include specific examples where appropriate.

• **Decision Making:** It is the practice educator’s decision(s), whether or not the student is ‘competent’ or ‘not competent’. In tutor support sites consideration must also be given to the feedback on the student’s performance from the practice tutor. The practice educator will be supported in the decision-making process by the practice education team.

• **Meeting times:** It recommended that feedback discussion take place before Friday in the week. This will allow students time to process the information received and ask relevant questions prior to the weekend break.

• **Communication of a ‘not competent grade’:** Informing a student of a not competent grade is extremely difficult and should be undertaken in a clear and sensitive way. The practice educator should give ample consideration to the reasons and the evidence behind a student not achieving a competent grade. These should be discussed in a clear manner to the student. Using phrases such as ‘I noticed....I feel that ...., during the assessment I observed....’ can help as this reinforces to the learner that as a practice educator you are required to make a judgement on their progress using the evidence at your disposal. Due consideration to privacy and comfort should be given to the environment where the feedback is provided. Time should be provided for a student to reflect on feedback and an opportunity to seek clarification any feedback given. A meeting time should be provided to the student the day after the feedback is provided to give the student an opportunity to ask questions or seek clarity. Another member of the practice education team may be present at a feedback meeting to support both the student and the educator.

• **Safety issues:** Where safety is a concern, steps must be taken to protect patients, staff and the student themselves. The practice educator should contact a practice tutor/regional placement facilitator and the practice education co-ordinator if a safety issue arises. If there is a serious safety incident the educator may wish to inform their manager also. The university will liaise with the educator and/or tutor (and physiotherapy manager if
deemed necessary) after which a decision will be made in relation to any action required.

a. For repeated or serious safety or professionalism issues a formal written warning is given in Part 2 of the CAF. The student may continue (possibly with restrictions for a period of time) until the student can demonstrate a satisfactory safety level. If the student fails to meet the required standard within the placement timeframe the student will be awarded a fail in Part 2 of the CAF.

b. If there is a significant breach of safety or professionalism, the practice educator may deem it necessary to remove the student from the clinical practice area until the university is notified. One of the following may occur: the student may immediately fail the placement outright OR the student may return to placement (possibly with some restrictions for a period of time and return incrementally to tasks and patient care) and fail the placement unless the safety level of the student can be remediated and reach a safe standard. This decision should be made with the practice education co-ordinator (or university staff) and the practice tutor as appropriate. Guidance may be required for the student on remedial action required. If the student does not reach the minimum standard by the final evaluation, the placement will be failed.

The following questions may be used to help with the decision-making process for the student who may be at risk of failure.

- Has the student achieved the standards required for competency in the area of weakness (refer to assessment document)?
- Are the expectations of performance realistic for the stage in the learner’s programme?
- Has the student had an opportunity to demonstrate the skills, knowledge or attitude that has been identified as a problem area(s)?
- Has the student made a genuine effort to engage in the process?
- Are there external influences that are impacting on the student’s ability to progress?
- Consider the ‘Failing student – indicators’ from the practice education team. These indicators are intended to provide the practice educators and tutors with examples of circumstances/ incidents which can often be associated with a struggling student or ‘not competent’ outcomes. It is a basic reference point for all educators requiring guidance and/or support in their decision making processes regarding students who are at risk of ‘not competent’ grade. While this may prove to be a useful resource to practice educators this resource should not be used in isolation. The practice education team must also be involved in the decision making process.
**What happens after a placement is failed?**

The student is required to meet with the practice education co-ordinator and/or the Head of Discipline to discuss the placement, review feedback provided, consider learning objectives for the next placement, receive advice re remedial actions and rescheduling of a repeat placement. Student may have their College Tutor for support at this meeting or subsequent meetings. Other support services in the university include the teaching staff, practice education team, personal tutor (College Tutor), student learning and development service, counselling services and College Health.

**Scheduling of a repeat placement**

Students cannot progress to the next placement unless a placement is passed. Placements are repeated in a similar clinical area but at a different clinical site. A repeat placement is generally scheduled during the next placement block if available. If the final placement in the programme is failed it can be repeated after the final written exams when a placement is available in a TCD partner sites. In some cases a repeat placement may not be available until after the Board of Examiners.

If a student fails a repeat placement the student will not normally be permitted to progress in the programme. In the case of any extenuating circumstances the student’s tutor will formally present the case to the end of year Court of Examiners for consideration. Failure of another repeat placement over the course of the programme will normally result in automatic discontinuation from the programme.

**Fitness to Practice (Excerpt from College Calendar Fitness to Practice Policy)**

College is committed to supporting and responding to student needs, seeking to ensure a positive student experience, and promoting opportunities for students to develop to their full potential.

Situations may arise where there are concerns regarding a student’s fitness to participate in clinical or other placements, which are an essential component of the student’s course. Such cases not falling within the remit of Garda vetting or College disciplinary procedures may be considered by a school’s Fitness to Practice Committee. Where an alleged disciplinary offence comes before the Junior Dean, the Junior Dean may decide to refer the case to the Fitness to Practice Committee of the relevant school if the Junior Dean considers this to be a more appropriate way of dealing with the case. Where a fitness to practice issue arises in the context of an academic appeal, the relevant body hearing the appeal may decide to refer the case to the Fitness to Practice Committee of the relevant school if it is considered to be a more appropriate way of dealing with the case. (Extract from University of Dublin Calendar 2012-13, General Regulations, pages H6 - H8, §27)

Where the school’s Fitness to Practice Committee decides that the concern is well founded, it may take one of the following actions:
(i) Caution the student in relation to the matter.

(ii) Require the student to undergo testing, at College’s expense, in respect of suspected drug or alcohol addiction. A student failing to comply with this requirement or whose tests confirm continued drug or alcohol use may be required to withdraw from his/her course or to go off-books until such time as he/she is certified by an appropriately qualified person to be fit to proceed with his/her course of studies.

(iii) Require the student to undergo a medical examination or assessment, which may include psychiatric assessment, by a doctor or specialist nominated by the committee at the expense of College for the purpose of obtaining an opinion as to the student’s medical fitness to continue with his/her studies or as to his/her ability or suitability to participate in his/her course to the standards required by College. Where a student fails to comply with this requirement, or where he/she is assessed to be unfit to continue with his/her studies or unable or unsuitable to participate in his/her course to the standard required by College, he/she may be required by the committee to withdraw from his/her course or to go off books until such time as he/she is certified by an appropriately qualified person, nominated by College, to be fit to proceed with his/her course of studies.

(iv) Suspend a student until such time as he/she is certified by an appropriately qualified person, nominated by College, to be fit to proceed with his/her course of study.

(v) Require a student to withdraw from his/her course.

Further information and procedures are set out in the College Fitness to Practice Policy [https://www.tcd.ie/undergraduate-studies/academic-progress/fitness-practice.php](https://www.tcd.ie/undergraduate-studies/academic-progress/fitness-practice.php)

Re-check/re-mark of clinical placement mark

Adapted from Trinity College Calendar General Regulations and Information 51.

Having received information about their results and having discussed these and their performance with the appropriate clinical staff and the practice education co-ordinator, students may ask that their results be reconsidered if they have reason to believe:

(i) that the grade is incorrect because of an error in calculation of results

(ii) that bias was shown by an examiner in marking the placement

- In the case of (i) a student may request a mark calculation to be checked by the practice education co-ordinator and the practice educator and tutor.
• In the case of (ii) a student may request permission from the Senior Lecturer’s Office with the assistance of their College Tutor for their mark to be appealed.

Time frame – examination/assessment documents are held for the period of 13 month after the supplemental exams only. Any application for re-mark/re-check must be made within this period of time.

Debriefing

The practice educator will be offered an opportunity to debrief with a member of the practice education team or the practice education co-ordinator after the placement ends. The debriefing sessions are a useful way of reflecting on the practice education experience, identifying and acknowledging new learning achieved and planning for any changes needed for future placements.

Frequently asked questions

• Should a concern always be identifies through the 5MFF or the CAF?

• Practice educators or tutors may identify concerns at any time during the placement and address these with students in an informal manner. However, if concern(s) persists despite feedback, or if a concern interferes with student progress during the placement or is of a serious nature then documentation of the concern(s) and a management plan is required. These can generally be addressed through the 5MFF or CAF. Examples of reasonable support measures that might be put in place for a student include: extra teaching sessions, tutorials, opportunities to observe or practise, student submission of a written reflection cycle on a weak behaviour/gaps in knowledge, student submission of extra clinical reasoning forms, encouraging proactive demonstration of knowledge by students etc.

• What extra support time should be given to the struggling student?

• Currently there are no specific guidelines that addresses the allocation of additional support time to be provided to the underperforming student in practice education across the Allied Health Professions. When planning additional support time for a student it should be considered in the context of time demands for other day-to-day duties in their role and requirements for support to other students. The practice education team is required to put ‘reasonable support measures’ in place to assist the student to meet the required standard which may means other students have reduced individual support/teaching time. For the other students supported by a tutor/educator the ability of these students to manage planned or unplanned reduction in resources reflects many working situations and can be taken into account when marking their CAF.
• **What indicators can an educator use to identify that a student is underperforming?**

• Educators should refer to the Learning Outcomes and behaviours in the CAF. The ‘Failing Student Indicators’ can be also be used. Areas of concern must be directly linked to learning outcomes in the CAF.

Reference documents/website:

• Practice Education Handbook
• TCD Student Regulations
• College Calendar
• Student Conduct and Capacity
• TCD Student Mental Health Policy and Guidelines
• 2010 Consolidate Statues of TCD
• TCD School of Medicine Fitness to Practice Policy
• TCD Disability Services website https://www.tcd.ie/disability/
• TCD Student Learning and Development website http://student-learning.tcd.ie/
Section G: Student Uniform Policy

At all times, while students are on placement, they are expected to wear the Discipline of Physiotherapy uniform outlined below. Students are part of the Physiotherapy profession and are expected to represent the profession accordingly.

A clean, ironed uniform is essential every day. Students should not leave the clinical setting or hospital premises in uniform unless going on an official visit.

Clinicians reserve the right not to allow students into the clinical area if a student is not adhering to the uniform policy. Some local dress policies may differ from the TCD uniform e.g. in a community placement. Students can adhere to local dress policy in these cases as advised by their practice educator but must at all times look neat, tidy and professional. Students should always maintain a high standard of personnel hygiene. Physiotherapy is a physically active occupation, tunics must be laundered on a daily basis.

- Navy trousers, white tunic or white polo shirt (tucked in) with school logo.
- Navy/black shoes with rubber soles only. All footwear must be clean. Black/navy socks.
- Uniforms should be clean and ironed each day.
- Navy jumpers/cardigans/college fleece may be worn between locations. They must not be worn while treating patients.
- All clothing underneath the uniform top must be plain white and not visible including bras, camisoles or T-shirts. Professional dress means – you cannot see ‘up’, ‘down’, or ‘through’.
- Students must have an adequate supply of uniforms (tops and trousers). Uniform and shoes should not be worn outside the clinical site.
- Students will be advised in clinical sites of daily hygiene recommendations and washing of uniforms in between shifts on a daily basis and in accordance with local guidelines. Uniforms should be put in a plastic bag at the end of the placement day to take home and washed at a 60 degree wash.

Identification

- A name badge must be worn and visible at all times. If lost it must be replaced immediately and a temporary badge created while waiting for a new badge. Please contact the Executive Officer in the Discipline of Physiotherapy in relation to ordering a new badge or uniforms.

PPE

- Students should follow local policies and procedures and HSE Guidelines in relation to the use of PPE. Local requirements for PPE may vary across clinical sites and within sites across specific clinics or wards, please check with your tutor or educator for advice. PPE may
include some or all of the following – a surgical masks, gloves, goggles, aprons or gowns. The HSE recommends removal of facial hair as it can interfere with the seal of masks.

- Masks and other PPE are required to be worn when in the clinical settings. Students will be advised in relation to local policies and procedures regarding PPE. Students must undertake PPE training in advance of commencing placement.

**Hair**
- Long hair is to be tied back neatly. Long hair should be tied back so that it does not hang over the face or patient. Hair accessories should be plain and discreet.
- Clean shaven or full beard/moustache, no designer stubble.

**Make-up, perfume and after-shave**
- Make-up, if worn, should be discreet and minimal.

**Hands and nails**
- Hands must always be clean.
- Regular handwashing between each patient.
- Nails must be kept short and clean. (Nails should not be visible from the palmar aspect of the hand). Only clear nail varnish is permitted.
- No writing on hands.

**Jewellery**
- No bracelets, rings, drop/large earrings.
- Small stud earrings may be worn in the ears.
- A wedding band is permitted.
- No body piercing studs to be worn including tongue, nose and eyebrow studs.
- Other than the above locations body piercing should not be visible; if present they should be covered.

**Mobile phones**
- Mobile phones are not permitted in clinical areas.
- Unless there are exceptional circumstances (which must be discussed with a member of staff), the time to use your mobile phone is at lunch or after work i.e. in your own time.

**Chewing gum**
- Chewing gum is not allowed.

**Personal Hygiene**
- When working with patients your personal hygiene is critical: avoid having offensive breath - use a breath spray if necessary. Strong body odour should be tackled with strong deodorant (clinical environments can be
extremely warm, the work is physical and you may be nervous-perspiration can be a very real issue).

- Due to COVID-19 students are required to shower before and after attending the clinical site.

Bringing Personal Items to placement
- Local policies or recommendation may be in place related to bringing personal items into the workplace e.g. laptops/handbags. Provision will be made available for storage of items as far as possible, however items should be kept to a minimum. Students should check with their educator/tutor in relation to bringing pens, notebooks or other items into the ward and clinical areas.

NAME BADGES CAN BE ORDERED THROUGH THE EXECUTIVE OFFICER (EO) IN THE DISCIPLINE OF PHYSIOTHERAPY.

Uniforms (tunic with college crest and navy trousers) are also available through the Executive Officer (Ms Airna Nascimento). The class representative should liaise with the EO in the January prior to commencement of placement in the second year of the programme. At least 3 uniforms should be purchased to allow for a daily change of uniform. Uniforms must be replaced as necessary over the four years. As part of professional studies module students sign a contract agreeing to adhere to the uniform policy. Please contact physio@tcd.ie for information related to ordering name badges or student uniforms.
Section H: Procedure in the Case of Absence

Other absence from placement
Prior to clinical placement commencing if you are aware that you will be absent from clinical placement the student must contact the practice education co-ordinator to request permission to take time off. If permission is granted the student should then inform the practice educator and /or practice tutors/regional placement facilitator in advance of placement or on the first day of placement. Please read specific cases in this section for further information. If a student knowingly does not attend placement or leaves the placement site during the normal scheduled hours and does not contact or inform their educator or tutor they may be given a written (Part 2 of the CAF) professional warning.

Absence due to COVID-19 and daily monitoring for symptoms during placement
Practice educators, practice tutors and the practice education co-ordinator must be contacted if you absent due to COVID-19 whether that is due to having symptoms, being a casual or close contact or have tested positive for COVID-19. Student are required to follow local and TCD daily monitoring requirements for COVID-19 symptoms.

Holidays
Holidays may not be taken during placement as this is a work-based placement with a commitment to the clinical sites, the physiotherapy team and patients. A written professional warning may be given to the student on their CAF Part 2 if this occurs and will remain a permanent record on the student’s CAF.

College Sports Events
Students may attend college sporting events if they are representing Trinity College as individuals or as a team member. Students must request time off placement from the practice education co-ordinator in advance of the sporting events. A letter confirming their participation in the event is required from the team coach or DUCAC. The date and time of the events should be included. This must be provided to the practice education co-ordinator.

The student should inform their Practice educator on the first day of placement that they will require time off placement for the sports event. If the student is not progressing adequately in their clinical placement as assessed by their practice educator/practice tutors or regional placement facilitator/practice education co-ordinator it may be deemed inappropriate to take time off from clinical placement for a sporting event. Students are not permitted time off placement for sports training. Please be mindful that time off should be keep to a minimum to ensure the required number of clinical placements are achieved during the allocated Practice Education Modules

Infection Control Issues in Hospitals
Hospital wards may be closed unexpectedly due to an outbreak of the winter vomiting virus, COVID-19, CRE or other hospital infections. The Discipline of Physiotherapy will
try to accommodate the student in an alternative placement site if this arises. However, where this is not possible students may be unable to attend placement during this time. These clinical hours will have to be completed at a later date if the student does not achieve the minimum time required on placement or hours required to attain a degree.

**Hospital /Medical Appointments**
Students who require time off placement for a hospital appointment must provide an attendance note to the practice education co-ordinator from the medical professional they attended. Students must inform their practice educator/practice tutors or regional placement facilitator/practice education co-ordinator in advance of the appointment.

**Dental Appointments/Emergencies**
Time out of clinical placement is not permitted for routine dental appointments. These appointments should be made during non-clinical time. Exceptions to this rule can be made in an emergency situation. In this case the student must phone their placement to inform their practice educator, practice tutors/regional placement facilitator and the practice education co-ordinator. Students must provide a letter from the dental practice confirming the emergency appointment.

**Driving Tests**
Time off from clinical placement is not permitted for routine driving tests. If you have been provided with a test time during clinical placement please reschedule. Currently the waiting time for driving test is approximately six week. Official confirmation of the test appointment must be provided to the Discipline of Physiotherapy.

**Other requests**
Individual requests may be made for a special event (excluding holidays) if a student requires time off from their clinical placement studies. These requests will be considered by the practice educator and/or practice tutors/regional placement facilitator and the practice education co-ordinator. If a student is not progressing adequately in their clinical placement as assessed by their practice educator and practice tutors/regional placement facilitator it may be deemed inappropriate to take time off. A full day off placement for a wedding is permitted for immediate family members.
Section I: Professional Issues

Contents

- Rules of Conduct
- European Core Standards of Physiotherapy Practice
- Student rights and responsibilities
- Informed consent
- Patient/client confidentiality

RULES OF CONDUCT

The Rules of Professional Conduct incorporating code of ethics and guideline for professional behaviour (ISCP, 2014) set out the relevant ethical, moral, legal and professional guidelines for qualified members and students of the Irish Society of Chartered Physiotherapy and should be referred to where appropriate. The role of these Rules is to reflect the reasonable behaviour expected of a Chartered Physiotherapist as a professional. These principles are also reflected as standards in CORU Code of Professional Conduct and Ethics and the European Core Standards of Physiotherapy Practice. In the European Core Standards of Physiotherapy Practice the term 'physiotherapist/therapist' used throughout this document includes student members, who are also subject to the Rules of Professional Conduct. A breach could result in a formal complaint being received by the Society from a member of the public, other professional or Chartered Physiotherapist. The complaint could result in a finding of serious professional misconduct.

The Rules of Professional Conduct are available on the ISCP website [www.iscp.ie](http://www.iscp.ie).

CORU CODE OF PROFESSIONAL CONDUCT AND ETHICS

The Code of Professional Conduct and Ethics was developed by the Registration Board and is specific to each profession. The Code sets out the standards of conduct, performance and ethics which a member of that profession must adhere to throughout the course of their work. The Code is developed in consultation with the general public, members of the profession, their representative bodies and employers.

EUROPEAN CORE STANDARDS OF PHYSIOTHERAPY PRACTICE

The European Core Standards of Physiotherapy Practice were adopted by the ISCP in June 2002. These standards are applicable to students of physiotherapy. Not all standards will apply to students, the degree to which they apply will be determined locally e.g. the degree to which tasks and responsibilities are delegated to them by a qualified physiotherapist. The European Core Standards of Physiotherapy Practice are also available on the ISCP website.
STUDENT RIGHTS AND RESPONSIBILITIES

During clinical placement students are answerable to the practice educator(s) in the clinical site which has agreed to facilitate their placement. Occasionally conflict issues may arise between the student and practice educator. Some of the common issues that arise and require discussion include: unclear expectations, personal problems affecting performance or conflict, coping difficulties in a work-based placement, unprofessional behaviour, maintaining the limits of professional relationship boundaries. The following steps should be taken when a problem arises between a student and practice educator.

- Students should reflect on the problem, consider possible solutions and then request a time to discuss the issue with the practice educator. This should be as soon as possible once a problem is recognised. Identify and agree a solution with the practice educator and develop an action plan together. Follow-up with an agreed review meetings until the problem has reached a satisfactory resolution for both educator and student.
  Or
- Discuss the problem with the practice tutors/regional placement facilitator/practice education co-ordinator as soon as you feel there is an issue to enable a solution to be sought as early as possible.
- If an issue cannot be resolved as outlined above a formal grievance procedure for students may be considered (Appendix V).

Students should be aware that it is their responsibility to gain the maximum benefit from placement and seek feedback on their performance at all times. Practice educators are encouraged to provide students with ongoing feedback. The Five Minutes Feedback Form is the tool used for weekly feedback.

INFORMED CONSENT

- The patient’s verbal consent should be obtained before any examination/treatment is started.
- The patient’s consent to examination/treatment must be documented in the patient’s record.

The student should refer to the ISCP Core Standards of Physiotherapy Practice for a more complete explanation of informed consent.

PATIENT/CLIENT CONFIDENTIALITY

In the course of clinical placements, students may have occasional, regular or ongoing access to confidential material pertaining to patients, members of the public or clinical staff. The Discipline of Physiotherapy require students to observe the highest standards of work and personal ethics in their handling of such information. All personal who have access to patient/client information are required to work within General Data Protection Regulations (GDPR) [https://www.hse.ie/eng/gdpr/](https://www.hse.ie/eng/gdpr/).
Data Protection is the safeguarding of the privacy rights of individuals in relation to the processing of personal data. For the purpose of Data Protection, organisations or individuals who control the contents and use of personal data are known as Data Controllers. The HSE as a Data Controller must adhere to the principles of data protection which are set out in the General Data Protection Regulation (GDPR) and the Data Protection Acts 1988-2018. All workers who have access to this data must adhere to HSE policies on GDPR. Students are required to undertake training related to GDPR in advance of commencing clinical placement. For every clinical placement undertaken, students must familiarise themselves with local confidentiality and data protection policies. All students who, as part of their normal duties, have access to any personal information relating to either patients/members of the public/clinical staff are required to treat such information with total confidentiality at all times. The access, disclosure, or discussion of personal information from any clinical source is to be for the performance of clinical duties only.

On no account must information relating to patients be divulged to anyone other than authorised persons e.g. medical, nursing, other professional staff as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If students are in any doubt as to the authority of a person asking information of this nature they should seek advice from the practice educator. Similarly, no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Please refer to the WCPT Core Standards of Physiotherapy Practice adopted by ISCP May 2002. Standard 3 refers to confidentiality and is as follows:

**Information that the patient gives the physiotherapist is treated in the strictest confidence**

- Criteria
  - There is privacy when discussing personal details.
  - The written consent of patients is obtained before using identifiable clinical information, photographs, videos etc. for teaching or other purposes.
  - In discussion with the patient, the physiotherapist may allow healthcare workers access to patient’s physiotherapy records when it is of benefit to the patient.
  - Physiotherapy information is only released to sources other than those immediately involved in the patients care when there is a signed patient consent form.
Section J: Health and Safety

Contents

- Physiotherapy Department Health and Safety Policy
- Garda Vetting
- Student injury/illness during placement
- Infection Control
- Protection against infectious diseases
- Heart Saver Training
- General Health Requirements including vaccinations.
- Pregnancy and Clinical Placement
- Student Welfare
- Manual Handling Training
- Practical Examinations.
- Manual Handling

Health and Safety Policy

All clinical sites have a Health and Safety Policies and students should be provided with this information when placement commences. It is the student’s responsibility to ensure that they are familiar with the Health and Safety Policies/guidelines of the facility to which they are assigned. For physiotherapy department records, students may be requested to sign-off on reading orientation material. Students should ask their practice educator for guidance if in doubt.

In particular, please note the policy relating to any safety incidents or any accidents which may occur to a patient, or staff member or student during clinical placement. Reporting procedures should be followed as per the facilities policy. If any other untoward incident involving a patient or student occurs during placement, it should be immediately reported to the practice educator or practice tutors or supervising Physiotherapist.

Garda Vetting

All physiotherapy students including any international students must submit a Garda Clearance Form to the Academic Registry Office in Trinity College. Generally, for all undergraduate BSc Physiotherapy students this occurs when registering for the course in first year. This form is available on the TCD orientation website https://www.tcd.ie/orientation/. Garda vetting (also known as Garda Clearance) is conducted in respect of personnel working in a full-time, part-time, and voluntary or student placement capacity in any position in a registered organisation, through which they have unsupervised access to children and/or vulnerable adults. All students should be aware that it is their responsibility to submit a completed form to the TCD Academic Registry Office before they commence the BSc Physiotherapy undergraduate programme.
The TCD Academic Registry Office (AR) will process the vetting requests for all new entrants with the National Vetting Bureau and provide documentation to the student that their Garda Vetting was successful. This document should be retained to provide as evidence of Garda Vetting for all clinical placements. The Discipline of Physiotherapy will be provided with a list of students who have successfully completed Garda Vetting from AR. The student will take responsibility for the handling and forwarding of this original document to relevant agencies (namely, clinical placement sites) from this point. If clinical sites request confirmation of Garda Clearance it will be the student’s responsibility to furnish this to the site. Failure to comply with the Garda vetting procedures including unnecessary delays in return of forms to the Academic Registry Office may result in placement being delayed or cancelled.

**Student Injury/Illness during Placement**

In the event of an injury or illness that prevents the student from completing their placement, arrangements will be made to facilitate any hours missed at the time of the placement if the clinical site can facilitate this or at a later date in the programme. If the student has missed considerable time of placement the students may be required to complete the full placement again e.g. due to an injury/illness/special leave. If a student receives any injury during clinical hours or during the time period they are attending clinical placement but outside of the placement site they should inform their tutor and educator e.g. concussion etc. and follow any local guidance. The practice education co-ordinator should be informed.

**Infection Control**

During clinical placement students will be exposed to many unknown microbiological hazards. All clinical sites have a local policy on infection control measures that are standard practice in their work area. It is the students’ responsibility to read any relevant information in these policies. In particular please note policies on COVID-19, Swine flu, Methycillin Resistant Staphylococcus Aureus (MRSA), CRE (Carbapenem Resistant Enterobactera), the winter vomiting virus and Clostridium precautions. Students must adhere to the requirements set out in the HSE ‘Resumption of Clinical Placements – Request to include Infection Prevention and Control (IPC)’ and the ‘Student Information for Clinical Placement during the COVID-19 Pandemic’ document.

The student must at all times follow safe working practices and adhere to all infection control policies. Cross infection is a major risk to patients within hospitals/other clinical sites and many patients have a lowered tolerance to infection. Universal precautions should be taken with all patients regardless of their health status. Basic infection control measures of hand washing, covering cuts/abrasions with waterproof dressings, keeping hair back from face, cleaning stethoscope after each patient contact and maintaining high personal standard of hygiene is vital. Personal Protective Equipment should be worn as per local policies. Students should be guided by their educator and consult them if in any doubt about correct procedure.
In the event of becoming aware of contracting any infectious disease e.g. Hepatitis B, Hepatitis C, pulmonary tuberculosis, chickenpox or measles etc. the student should consult their medical advisor to confirm whether they are or are not contagious. If the disease is contagious, a medical certification confirming the diagnosis should be obtained and the student should refrain from patient contact until cleared medically. The student must also inform their placement site so that clients who may have been exposed during an infective period can be identified.

Children’s Hospital Ireland Crumlin requires an ‘CHI Crumlin Immunity Status Form’ to be completed and submitted two weeks in advance of placement before students can commence placement. Students must get an updated form completed by their GP or college health. The original vaccination screening form submitted to the Discipline of Physiotherapy in first year is not valid. CHI Crumlin Immunity Status Forms are available on BB. If the appropriate documentation is not provided two weeks in advance of placement or if it transpires that the student has not had all of their vaccinations placement may be delayed or cancelled.

Education on infection control which includes universal precautions and practice of correct hand washing technique is included in the Preparation for Clinical Placement course. Students are required to complete the HSE Hand Hygiene online course and retain the certificate confirming successful completion. HSELand also provides information on this topic. Students should undertake the HSELand Hand Hygiene in advance of every placement as revision of the topic.

Protection against Infectious Diseases

Physiotherapy: Students accepted on to the undergraduate Physiotherapy programme, must be immunised against Hepatitis B, Hepatitis C, Measles, Rubella, Tuberculosis and Varicella unless immunity as a result of natural infection or previous vaccination has been documented. In the interests of reducing the risk of the transmission of infectious disease, all new entrants must attend Trinity College Health Service or their medical practitioner before the first Friday in October of first year. Test results provided must be carried out not more than six months prior to entry. Students admitted to this course who have a negative Hepatitis B blood result but not already deemed to be immune to Hepatitis B will be required to undergo a course of vaccination. Student who have a negative Mantoux test will be advised to have BCG vaccination. Overseas applicants are advised to undergo testing in their home country and to forward the result to the Discipline of Physiotherapy. Further information relating to vaccination requirements is available from the Discipline of Physiotherapy.

The Discipline of Physiotherapy facilitates a course of Hep B vaccinations (three injections) through College Health for a fee. Dates and times of injections and a record sheet for the injections are provided to students at the beginning of the year. It is the student’s responsibility to attend for all three injections. A yellow ‘Hep B vaccinations record’ sheet must be brought to each appointment and signed and stamped by TCD College Health or their GP.

All students are required to get their titre levels checked 6 weeks after the vaccination
course is completed. It is the student’s responsibility to arrange this appointment. An additional €15 is charged for this blood test if undertaken in College health. Students are required to attend College Health to receive their blood results in person. Official test results are required to be sent to the Practice education co-ordinator before clinical placement commences. All costs associated with tests for infectious diseases and vaccination must be met by the student.

Health and Safety during the COVID-19 Pandemic

Students will come in contact with vulnerable populations by the nature of their practice placement work. Current Government advise is that people should limit their contact with other people and only small numbers should gather in any house/accommodation. All mass gatherings remain cancelled and the Government advises only limited small gathering. It is extremely important that all students strictly adhere to advice regarding restriction of movements. **Even in the event that recommendations for physical distancing for the general public are relaxed, it will remain extremely important for contacts of cases of COVID-19 to strictly adhere to advice regarding restriction of movements.** Students should be mindful that they are health care professionals and on-site and off-site activities should adhere to Government guideline to prevent contracting COVID-19 or carrying it to a clinical site and putting others at risk

Daily Monitoring of COVID-19 Symptoms during Clinical Placement

Students are required to monitor for COVID-19 symptoms on a daily basis. A daily declaration in relation to the following statements must be completed:

* Absence of COVID-19 or other relevant symptoms,
* Not having a positive test to COVID-19
* Not being a close contact with a positive COVID-19 person
* Not being directed by Public Health to restrictions movements
* Completion of Self Risk Assessment if working in more than one health care facility

Currently students are required to complete the Trinity Live App each morning before commencing placement. If a student fails to complete the Trinity Live app form he/she may be removed from placement and/or their tutor or educator alerted. If there is persistent non-compliance the practice educator, practice tutor or Head of the Discipline may be notified.

In addition, students are required to comply with local policies on self-monitoring including self-declaration that they are symptom free immediately before or when they present for placement. The format of the declaration may vary from site to site and include phone message to manager, verbal information, email or text to an educator or tutor or reporting through an app. Please adhere to all local procedures in relation to monitoring. If a student is not in a position to make this declaration
they should not attend placement and must inform the practice education co-
ordinator as per normal procedures.

The Health Service Executive (HSE) has created a Covid-19 Tracker App which we
recommend that students download from the App Store https://covidtracker.gov.ie. 
This will allow a student to log any symptoms of Covid-19 each day. The app
automatically saves symptom history and is useful if you experience a change in
health status.

Under normal circumstances social distancing at work is maintained with other
students, all staff members, visitors and patients, as advised by the HSE guidelines
and local policies. However, when assessing and treating patients it may not always
be possible to maintain social distancing for example when assisting and supervising
a patient’s mobility. Failure to comply with social distancing is a serious offence and
can result in a professional warning or a more stringent penalty.

**Heart Saver Training and First Aid Training**

All students are advised to complete a first aid course before commencing clinical
placement. A first aid course is offered by the School of Medicine, in Junior Freshman
year. Students are offered this course during first or second year or students can
source a course independently.

The American Heart Association Heartsaver CPR AED training is provided by the
Discipline of Physiotherapy as part of the Preparation for Clinical Practice course in
Practice Education I Module and should be undertaken by all students. It is the
student’s responsibility to ensure they receive a certificate of completion of the course
from the course instructor when the class is completed. Certification of Heartsaver
CPR AED training should be retained for proof of completion of the course for clinical
sites.

**General Health Requirements for Clinical Placement**

It is the responsibility of the student to ensure that they are ‘fit’ to carry out the clinical
component of the physiotherapy course. This encompasses all aspects of health in
terms of physical and mental health. If a student has any concern regarding their
fitness for placement, they are advised to talk with their College Tutor or the practice
education co-ordinator as soon as possible. This will ensure that the appropriate
arrangements can be made to facilitate a student to complete the clinical component
of the course at an appropriate time.

**Manual Handling and Physiotherapy Techniques**

Manual handling training is undertaken as part of the Musculoskeletal Systems
Module in second year. **All students must successfully complete their manual
handling exam before they are permitted to undertake clinical placement at the end
of second year.**
Practical Exams

Students must successfully complete the practical exams in the following modules before clinical placement can be undertaken: Neurology, Respiratory and Musculoskeletal Modules. These exams test fundamental levels of safety and competence in the practical skills acquired during the modules. Failure to complete the assessment will require the student to re-sit the practical assessment at another time within the academic year before proceeding to the clinical component of the course. Failure at a second attempt may require a student to re-sit the year unless there are extenuating circumstances.

Pregnancy and Clinical Placement

Any student who is pregnant during the BSc programme of study must inform the Head of the Discipline of Physiotherapy and practice education co-ordinator as soon as possible. This is of particular importance in relation to clinical placement and participating in practical classes. Once the practice education co-ordinator is aware of the pregnancy, arrangement can be made for a suitable placement as appropriate. The facility to which the student is assigned on clinical placement must be informed for health and safety reasons of the pregnancy. The student should follow any local policy that might pertain to them. Placement selection will be made at the discretion of the practice education co-ordinator with the physiotherapy student through a process of mutual agreement. Any time away from placement due to appointments etc. should be discussed with the practice educator, practice tutor and practice education co-ordinator.

Health care workers can be at risk during pregnancy; potential risks include exposure to respiratory infection or more serious infections e.g. TB, HIV, Cytomegalovirus, Varicella-zoster or Hepatitis etc. There is also the risk of exposure to toxic drugs, chemicals, needle stick injury, ionizing radiation (x-ray) or electrotherapy in the clinical environment. Other risks on clinical placement relate to manual handling and possible exposure to hostility from patients.


Student Welfare

All students, hospital staff, patients, members of the public or any other person in the clinical placement workplaces should be treated with dignity and respect. All clinical sites have a policy which protects against bullying, harassment and sexual harassment. Workplace bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, or physical or otherwise, conducted by one or more persons against another or others, at the place of work, which could reasonably be regarded as undermining the individual’s right to dignity in the workplace. An isolated incident of the behaviour described in this definition may be an affront at work but as a once off incident is not considered to be bullying.
Harassment is any act or conduct including spoken words, gesture or the production, display or circulation of written words, pictures or material if the action or conduct is unwelcome to a person and is reasonably regarded as offensive, humiliating or intimidating. Harassment is inappropriate behaviour based on the relevant characteristic of a person such as race, religion, age etc. Harassment may consist of a single incident or repeated inappropriate behaviour.

Sexual harassment is a form of discrimination on gender grounds. Sexual harassment can be described as persistent unwanted and offensive sexual innuendoes, propositions or physical contact. It includes all forms of harassment from unpleasant remarks to sexual assault and may include some of the following: repeated or unwanted verbal or physical abuse or advances, demands for sexual favours, compromising invitations, offensive use of printed material, sending threatening email or email that constitutes sexual harassment, sexual assault or rape. Sexual harassment may consist of a single incident or repeated inappropriate behaviour. It may be targeted at a single person or a group of people.

Please review local policies and procedures if you need further guidance. If any issues arise when on clinical placement please discuss it with your practice tutors/practice educator/practice education co-ordinator/physiotherapy manager or other appropriate member staff in the clinical site. Further information is available from TCD Student Services. The TCD Policy on Dignity and Respect is available at https://www.tcd.ie/equality/policy/dignity-respect-policy/
Section K: Documentation for Clinical Placement

LEARNING OBJECTIVES FOR CLINICAL PLACEMENT

Learning objectives are specific personal statements of learning needs that are intended to be achieved within a definite period of time e.g. within a module/clinical placement. Students are required to set individual placement learning objectives with the practice educator and/or practice tutors for every clinical placement undertaken. Objectives should be set by the end of the first week of placement. This allows for the student to gain a general insight into the patient type and caseload in the clinical area and gives time for the educator to assess the student understanding of their learning needs. From P1 on the student should draw up a preliminary list of objectives before placement and which can be refined with their educator during placement. General learning objectives for each Practice Education Module are set out in Appendix VII. These can be used as a reference resource when planning placement objectives. The TCD Placement Objectives Form is available on the Blackboard.

All agreed placement learning objectives should be S.M.A.R.T.

- **Specific**  Contain a definite statement of intent or action that can accurately be measured. Contains an action verb/performance verb.

- **Measurable** An achievable standard by which performance can be measured e.g. accurately describe, independent, competent in a specific assessment, accurately demonstrate a specific test, understand a disease process or theory behind specific treatment etc. What evidence can be provided to demonstrate the learning and measurement?

- **Achievable** Is the objective agreed with your clinical supervisor as being achievable within the timeframe of placement? or completed to a satisfactory level after a specific period of time?

- **Realistic** Do opportunities exist to complete the objective within the timeframe? Is it a realistic task for your level?

- **Timed** Can the learning objective be achieved within the time agreed? e.g. can the objective be completed in 1 week, by midway or by the end of the placement?

The Placement Learning Objectives Form should be viewed as a working document that should be revised and added to regularly as needed during the course of the placement. Students should review their placement learning objectives at least once a week. If progress is not being achieved on any one of the objectives it should be...
discussed with the practice educator/practice tutors. Learning objectives should always be reviewed and adjusted as necessary with the practice educator at the midway assessment.

An example of **NON-SPECIFIC OBJECTIVE** – P2 third year student undertaking an elective orthopaedic placement.

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn? What timeframe have I set?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who/what will confirm if the objectives have been completed?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>Complete an orthopaedic assessment by the end of placement</td>
<td>Observe supervising clinician Read books</td>
<td>Practice educator and tutor</td>
<td>No.</td>
</tr>
</tbody>
</table>

Example of a **SPECIFIC APPROPRIATE OBJECTIVE** – P2 third year student undertaking an elective orthopaedic placement.

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn? What timeframe have I set?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who/what will confirm if the objectives have been completed?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>1. Complete a pre-operative subjective and objective orthopaedic hip assessment independently by the end of the third week of placement. Objective assessment skills include: Observe/measure and record:  • Posture  • R.O.M.. (UL and LL)  • Power (UL and LL)  • Leg length</td>
<td>Read relevant  • Anatomy of joints  • OA  • Protocols  • Assessment form currently used  • Lecture notes on musculoskeletal and orthopaedic assessment Observe pre-operative assessment</td>
<td>I completed six pre-operative hip assessments with supervision and feedback – I adjusted my assessment based on feedback provided. Patient SOAP notes on hip assessments. The PE/PT reviewed all assessments notes and gave feedback – I</td>
<td>Yes, I am independent in completing a routine an pre-operative orthopaedic assessment</td>
</tr>
</tbody>
</table>
- Transfers
- Muscle bulk

<table>
<thead>
<tr>
<th>Extract relevant information from patients medical notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan assessment with educator</td>
</tr>
<tr>
<td>Break assessment into components and practice each component</td>
</tr>
<tr>
<td>Complete full assessments with patients and present to educator</td>
</tr>
</tbody>
</table>

adjusted my assessment practice as needed.

PE/PT observed a full assessment during week three of placement and provided feedback re my level of independence.

I completed a case presentation on a THR patient.

An example of a specific appropriate objective for a second or third year student

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – reading material, internet, techniques, tools, practice etc.</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
</table>
| **What do you want to achieve/learn?**
**What timeframe have I set?** | How will I go about learning/perfecting the task? | What evaluation will be used? Who/what will confirm if the objectives have been completed? | Yes/No. |
| I want to improve my knowledge of the roles of MDT members | 1) Review roles of MDT members
2) Clarify roles of MDT with senior & discuss when communication with MDT would be appropriate
3) If possible ask my senior to arrange for me to shadow MDT members e.g. - **Speech & Language:** - **Occupational Therapist:** - **Dietitian:**
4) Attend an MDT meeting | Explain roles of MDT to my senior – feedback on accuracy.
Explain roles of MDT as part of my case presentation.
Appropriate referral to MDT for caseload. | Unable to shadow dietitian – aim to complete in next placement |
An example of a specific appropriate objective for a fourth year student

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn? What timeframe have I set?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who/what will confirm if the objectives have been completed?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>1. Understand and be able to explain the principles of Bi-PAP. State the indication and contraindication for BiPAP. Use Bi-PAP treatment effectively (under supervision) with an appropriate patient.</td>
<td>Read the relevant theory - Anatomy of the respiratory system - Mechanisms of supported ventilation - Lecture notes - Tutorial notes Revise indications and contraindications Attend in-service training and practical session on Bi-PAP Practice using Bi-PAP on face model Observe Bi-PAP being used on a number of patients. Practice the use of Bi-PAPAP with Practice educator</td>
<td>Assisted educator using Bi-PAP six times. Provided Bi-PAP treatment for appropriate patients with educator observing 3 times – feedback given by educator re my level of independence. Case presentation on Bi-PAP to other students explaining theory and use of Bi-PAP.</td>
<td>Yes. No further action required.</td>
</tr>
</tbody>
</table>
UNDERGRADUATE LEARNING PORTFOLIO (PLANNED AND UNPLANNED LEARNING ACTIVITIES)

As part of developing reflective practice skills student are required to undertake reflect practice during clinical placement. Keeping a record of undergraduate learning provides a tool to help students become reflective practitioners. Reflective practice also helps fosters skills which will facilitate meaningful self-monitoring of continuous professional development (CPD) as a graduate. The reflective undergraduate learning portfolio is owned and maintained by the student. Students are required to document one ‘Planned leaning activity’ and one ‘Unplanned learning activity’ during each clinical placement. Completion of a planned and unplanned learning activity is confirmed by the Practice educator (PE) /Practice tutors (PT) in Part 2 of the CAF. The PE or PT is encouraged to feedback to the student about their reflection. This can be facilitated as part of midway or final assessment feedback. Alternatively student can present their ‘Planned leaning activity’ and one ‘Unplanned learning activity’ to the practice education co-ordinator if activities are not signed by a PT or PE for feedback. These documents are available on Blackboard.

TCD STUDENT CV

All students are required to send their TCD Student CV two weeks in advance of placement from P1 – P5 inclusive. For P1 students should provide their email address, a contact number and learning preferences. For P2 – P5 the TCD Student CV provides information regarding the student’s previous placements, clinical experience gained, areas of strength and areas that need to be developed. It acts as an indicator of a student’s preparation and planning for the placement and it helps the practice educators plan for the placement. The form is available on Blackboard.

LEARNING STYLES OR PREFERENCES

It is well documented that different people learn in different ways. Honey and Mumford (1982) grouped these different learning styles or preferences under the following headings:

- Activist
- Reflecter
- Theorist
- Pragmatist

Activist

Open minded, concerned with the here and now, enthusiastic about new things, filled with activity, likes crisis, likes brain storming, thrives on a challenge, gregarious

Reflecter

Likes to ponder, likes to stand back and view events, cautious and thorough, likes to take a back seat, and likes to keep a low profile
Theorist  Logical, likes to take the step-by-step approach, is rational, concerned with basic concepts, detached and analytical

Pragmatist  Practical, likes to try out theories and ideas, acts quickly, likes problem solving, likes new ideas, and likes to get on with things

Understanding learning styles / preference, Belbin team roles and the ‘Individual and the Organisation’ are explored with students during Professional Issues 1. Students are encouraged to provide clinical sites with their learning style / preference information before commencing placement. This will allow the practice educator/practice tutor to consider the learning environment and the student’s style and how it might be facilitate during placement.
SECTION L: PREPARATION FOR THE PRACTICE EDUCATOR

Physiotherapists play an important role in educating students as part of the BSc programme in Physiotherapy including the assessment of students for the end of year exams. The Discipline of Physiotherapy provides a variety of opportunities for practice educators to engage in learning related to student supervision and other practice education topics. Opportunities include online modules on the Discipline Of Physiotherapy website, multisite online education courses offered during the academic year and university based or local face-to-face education sessions. New and experienced practice educators are recommended to review educational material available on the TCD Discipline of Physiotherapy website and attend education sessions offered by the university to develop and maintain their practice education competencies. New practice educators are also requested to undertake the HSELand online practice education course to develop an understanding of the clinical teaching role. For practice educators unable to attend this course, local education sessions can be provided by on the TCD practice education team.

General requirement for new practice educators:

- Have two years clinical experience
- Maintain on-going up-to-date CPD
- Adhere to HSE/employers policies and European Core Standards of Practice
- Have an interest and commitment in student education
- Undertake the HSELand Practice Education Course and the fundamental practice education study and on site education before placement commences.

Creating a Positive Learning Environment

In Ireland, physiotherapy students must spend at least 1000 hours participating in clinical practice. The role of the practice educator in creating and sustaining a positive learning environment is essential to the student in order to allow them to gain the utmost from clinical placement. Practice educators act as a powerful role model for students and play an important role in fostering professional behaviour (MacDonald et al, 2002). The relationship between the student and the mentor has been found to have an important influence on the quality of the placement learning experience (Lefevre, 2005). To create and sustain a positive learning environment the practice educator must consider three phases of student management: pre-placement; during placement and after placement is completed. The HSE Guidelines for Good Practice in Practice Education support and enable the process of practice based learning by setting standards for all stages of the practice education process. 

Pre-placement Management:

- Identifying any learning needs a practice educator may have prior to the student placement and evaluating themselves as a mentor. Practice educators
may find it helpful to identify any strengths, weaknesses, opportunities or threats that may affect the learning environment.

- It may also be helpful to have students carry out an evaluation of your performance as a mentor at the end of placement.
- Attend education sessions provided by the Discipline of Physiotherapy in annual practice education courses/sessions.
- Onsite education relating to student supervision is also provided by the practice education team as needed. On-going education in student supervision is recommended to keep abreast of new ideas or developments in clinical education.
- Evaluate the learning environment for students in a clinical site prior to placement commencing. Is there enough space for the students to write notes or study? Is there adequate equipment available to the students?
- Practice educator are recommended to familiarise themselves with the students TCD Student CV. Students send this two weeks in advance of placement and outline their placement experience and skills developed in previous placements.
- Consider your own learning styles and how it will work to provide a positive learning experience for the students during the placement.

**During Placement Management:**

- At the start of the clinical placement it is important that the practice educator **orientates** the student about the structure and running of the physiotherapy department and hospital setting (Induction).
- Clearly identifying and setting **ground rules** at the beginning of placement is a priority helps avoid confusion and misunderstanding. Both students and practice educator’s expectations should be discussed.
- A flexible but **structured timetable**, based around the learning opportunities available in the clinical site should be provided to the student at this time.
- **Placement learning objectives** are specific personal statements of learning needs that are intended to be achieved within a definite period of time e.g. within a module/clinical placement (see Section J above).

To maintain a positive learning environment throughout the placement several approaches should be incorporated:

- Use of different teaching and learning approaches such as observation, hands-on practice, attending in-services education, attend surgery, delivering presentations, skills practice sessions and use of equipment. Please see the ‘Teaching on the Run’ PowerPoint presentation available in the Practice Educator Resources [https://www.tcd.ie/medicine/physiotherapy/practice_education/educators/](https://www.tcd.ie/medicine/physiotherapy/practice_education/educators/)
- Giving regular constructive feedback and letting the student know how they are progressing and achieving their goals. Follow the **TCD Student Pathway** (See Section F) which sets out the feedback process for clinical placements. The Five Minutes Feedback Form should be used on a weekly basis. This
provides a record of written feedback for the student and enable clear weekly objectives to be agreed. Feedback may sometimes take longer than five minutes to complete.

- When giving constructive criticism, specific examples of the students’ actions should be given as soon as possible after a patient review or on the day rather than days or weeks later. It is important to highlight the problem but focus on the solution. Please see ‘Giving Effective Feedback’ further on in this section of the handbook. A further resource on feedback skills is available on the TCD practice education website ‘Feedback in the Clinical Setting’ online module and ‘Making Your feedback Work’ presentation in the Practice Educator Resources Website mink as per above.

- Understanding and correct use of the clinical appraisal form is important to unsure an appropriate grade is awarded to the student. It is essential that the clinical educator is familiar with the Common Assessment Form (CAF) to enable an accurate measurement of the students’ performance. The form must be used at midway and at the end of the placement and written constructive feedback given to the student using this form at both times. Please see Section E in this handbook for further information on using the form.

- Case presentations by the students to other students and physiotherapists are undertaken in the final week of placement and are used to improve the student’s presentation skills and demonstrate their clinical reasoning skills as well as consolidation of learning on placement through reflection.

- A standard Clinical Reasoning Form for students is available on Blackboard. This form was developed by the UCD and TCD practice tutors and permission to make the form available on the TCD website has kindly been provided by UCD. It is recommended that student complete one in the first and second half of the placement. Educators are asked to give brief direction/ feedback on aspects of the case that may have been missed by the student and the student to reflect further.

**Post-Placement Management:**

- Once the student’s learning experience is complete, it is useful to evaluate the placement from the student, clinical educators’, managers’ and the schools’ perspective in order to improve upon the experience for the next placement. The evaluation should include items such as level of preparation of the student for the placement, preparation of practice educator for the placement and level of supervision required.

- A short podcast on Creating a Positive Learning Environment is available on the TCD Discipline of Physiotherapy website under the Practice Educator Resources https://www.tcd.ie/medicine/physiotherapy/practice_education/educators/

**GUIDELINES FOR PRACTICE EDUCATORS REGARDING SUPERVISION /CASELOAD**
The purpose of supervision is twofold: to provide a directed learning environment and ensure safe and effective assessment and treatment of patients. Supervision consists of observation of a student performance, evaluation of the performance and feedback to the student regarding that performance. Feedback includes positive reinforcement, constructive criticism and suggestions for improvement. Depending upon the skill demonstrated by the student, the nature of the practice environment and the type of patients requiring care, the degree and amount of supervision will vary.

The following are suggestions for supervision:

1. If the student has not had previous experience in particular cases, the student should first observe an assessment and/or treatment performed by the practice educator. This should be negotiated with the student as it is possible that they have a different learning style/preference.
2. Agreed feedback procedures should be confirmed before an assessment/treatment session e.g. the educators may wish to give direct feedback during a session to ensure patient safety and demonstrate an alternative handling or test procedure. This should be outlined to the student before the session begins. Most feedback comments should be relayed to the student away from the patient in order not to comprise the patient/student rapport. Measures to ensure appropriate communication in the presence of patients should be agreed at the outset of the placement.
3. After a period of observation, the student should perform components or a full assessment/treatment (depending on their level), of a similar case already seen under direct supervision of the practice educator.
4. While observing the student, the practice educator should offer immediate feedback regarding the quality of the student’s performance based on the standard required by the CAF.
5. Where a procedure is thought to be unsafe, the practice educator should intervene as necessary, and review and discuss the situation with the student away from the patient. This should be done in a positive manner which involves the student while maintaining the patient rapport. Experimenting and making mistakes are part of the learning cycle and students should be supported in this process. Rather than telling the student “this is not how you perform this technique” a more effective method may be to say “I find if you position the patient in this way, your test result is more reliable”. By intervening in this way, patient confidence in the student is not undermined and the student will learn more in a non-threatening environment.
6. When the practice educator believes the student’s assessment and treatment techniques are safe and effective, the amount of direct supervision may be reduced. Intermittent observation and feedback is continued at the discretion of the practice educator to ensure assessment and treatments are modified and/or progressed as appropriate. Regular observation and feedback are also important to ensure that the formal evaluation the student receives is objective and valid. Providing students with responsibility is an important factor in developing the student’s sense of themselves as a professional person (Clouder, 2009).
7. The practice educator and student may find it helpful to spend time each day organising and discussing treatment plans and other daily events.

**Caseload**

A sufficient caseload should consist of a variety of patients and adequate numbers of patients to broaden the student’s experience and develop assessment/treatment and organisational skills when possible. Generally, the caseload volume will be low at the beginning of the placement but towards the end of the placement the student should be able to manage an increased regular caseload.

While educational experiences (such as attending surgical procedures, ward rounds, in-service education, student presentation) are a valuable adjunct to the student’s clinical experience, the majority of the student’s experience should be directly involved with patient care and those administrative aspects which support the delivery of that care.

**GIVING EFFECTIVE FEEDBACK**

Feedback is information about how a student performs in relation to a stated goal. Effective feedback has several functions. Firstly, it provides information about what happened or what task the student carried out. Secondly, it can be used as an evaluation of how well or otherwise a task was performed. Thirdly, it can be used as a guide to improve the performance of a student.

Effective feedback is an essential tool in the teaching-learning process. It helps empower students as self-regulating independent learners and to foster a deep approach to learning. Effective feedback can increase motivational beliefs and self-esteem and improves practice educator and practice tutors satisfaction. There are three conditions that are necessary for students to benefit from feedback:

1. A clear understanding of the goal or standard being aimed for.
2. A comparison must be made between the actual level of the students’ performance with the specific goal or standard.
3. The student must engage in appropriate action that will lead to some closure of the gap in performance (Sadler, 1989).

Giving feedback at the **appropriate time** with **specific** examples on a particular task carried out by the student is key to giving the student effective feedback. The level of task performance must be clear so that the student understands what is being asked of them (**provide the students with a picture of what you see as success**). Students need to understand and accept the feedback they have been given therefore clear accurate language is paramount. The students’ perspective should be sought at the time and time allowed to respond particularly when written feedback is provided.

The feedback should be delivered in a **supportive climate** and followed up with an **action plan** with specific suggestions. It should be highlighted at this stage what the
consequences would be if the student behaviour or actions are not changed or modified. Clear communication throughout entire process should be ensured between practice educator and student. It is important to note that feedback is not reserved for just poor performance.

Approaching feedback as a dialogue between the students and the practice educators builds the students engagement in the process. Including self-assessment in the feedback can be used to start the ‘feedback conversation’ e.g. What went well? What needs to improve? How to improve (action plan).

One model of feedback which uses self-assessment is the Pendleton Model:
- Step 1 – The learner states what was good about his/her performance
- Step 2 – The teacher states areas of agreement and elaborates on good performance
- Step 3 – The learner states what was not correct or could have been improved
- Step 4 – The teacher states what he/she thinks could have improved

The final step to include here is an action plan ‘How to improve’. What practice, learning experiences etc. can be used to improve the student’s performance. The students should be allowed to consider how they can move forward and develop an action plan. However, students may need guidance to develop an action plan. Using the Five Minute Feedback form can also provide an opportunity to self-assess and reflect. It is important to remember effective feedback is a continuous process and that follow-up is of great importance.

**Recommended reading/podcasts:**

The TCD website practice educator / tutor resources  
[https://medicine.tcd.ie/physiotherapy/practice-education/](https://medicine.tcd.ie/physiotherapy/practice-education/)

An online modules for the education of practice educators have been developed for the HSE and is available on HSELand.

- On [www.hsland.ie](http://www.hsland.ie)
- Choose HSCP Hub
- Then choose Working with Students
- Choose Practice Educator
- Then Learning Support
- Then Online Educator Modules (not Online Practice Educator Course)

Other useful resources include:

- [London Deanery website](http://London-Deanery-website.com)
- [HSE Practice Educator Competencies](http://HSE-Practice-Educator-Competencies.com)
TCD PRACTICE EDUCATION CLINICAL SITE AUDIT FORM

The practice education annual audit (based on the ISCP/HSE Guidelines for Good Practice in Practice Education) should be completed by the practice educators/practice tutors on all clinical sites prior to the start of each academic year.

Please tick yes/no to each question and summarise findings at end
Abbreviations:

TCD PRACTICE EDUCATION QUALITY ASSURANCE AUDIT

Please tick yes/no to each question as appropriate
Abbreviations: Practice Education Handbook.

Placement site_______________________________________________________

Date ______________________________________________________________

1. Are you as an educator aware and have access to of the following practice education support documents?
   - The Practice Education Handbook
   - Current Curriculum document
   - Learning outcomes for each level of practice education
   - Guideline for Good Practice in Practice Education
   - Practice Educators Competencies
   - University procedures for students with grievances during placement

2. Is the following information provided to educators and tutors from the university?
   - The academic yearly placement timetable at least 8 weeks in advance of placements commencing?
   - Students names, stage on the programme and placement dates at least 8 weeks prior to commencement of placement?
   - Changes affecting clinical placement allocation in a timely manner

3. Is the following information provided by the placement site prior to the commencement of placement to the university?
   - Relevant contact number and email for the educator or tutor
   - Specific clinical area of allocation
   - Pre-placement reading and relevant skills list
   - Info about public transport/car parking
   - Access to computer, internet, library or reading material
   - Reporting time and location for the first day of placement
   - Accommodation information if applicable
   - Any special uniform requirements

4. Does orientation include information on the following?
   - Name and contact details of educator or tutor
<table>
<thead>
<tr>
<th>Name of physiotherapist to bleep in event of difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation of bleep system and relevant telephone numbers</td>
</tr>
<tr>
<td>Work schedule - start, lunch and finish time</td>
</tr>
<tr>
<td>Emergency procedures for the department e.g. in the event of a fire</td>
</tr>
<tr>
<td>Procedure in the case of an accident to the student</td>
</tr>
<tr>
<td>Procedure in the case of an accident with a patient/client</td>
</tr>
<tr>
<td>Required hygiene and infection prevention policies</td>
</tr>
<tr>
<td>General information about department e.g. changing facilities, canteen, staff room access, staff structure, recording statistics etc.</td>
</tr>
<tr>
<td>Orientation to the local clinical working environment and department health and safety recommendations in relation to any risks identified for students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Prior to the commencement of the placement does the educator or tutor undertake the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan the student caseload</td>
</tr>
<tr>
<td>Consider the students level and local learning opportunities available</td>
</tr>
<tr>
<td>Plan an induction period for the student</td>
</tr>
<tr>
<td>Identify and contact any other team member who may be involved in the learning process</td>
</tr>
<tr>
<td>Understand the assessment process and learning outcomes relevant to the module (PEH)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. During placement are the following in place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to discuss ground rules regarding clinical site’s and educator’s expectations within the first few days of placement</td>
</tr>
<tr>
<td>Identifying &amp; developing education opportunities for students across a wide variety of patients and experiences to meet the learning outcomes for the practice education module (PEH)</td>
</tr>
<tr>
<td>Negotiated placement learning objectives between the student and the educator or tutor by the end of the first week of placement</td>
</tr>
<tr>
<td>Adherence to the TCD Student Placement Pathway to provide regular written feedback to the student regarding their performance using the 5MFF (Five Minute Feedback Form)</td>
</tr>
<tr>
<td>For college supported sites provide regular feedback to the practice education team (visiting tutor from college or the practice education co-ordinator) regarding the student’s performance.</td>
</tr>
<tr>
<td>For tutor supported sites liaise with the tutor on placement management on a weekly basis regarding the student’s progress</td>
</tr>
<tr>
<td>Monitor and assess student’s performance in accordance with the TCD assessment process requirements</td>
</tr>
<tr>
<td>Liaise with the practice education team if concerns are identified regarding a student’s performance</td>
</tr>
<tr>
<td>Ensure the health &amp; safety of students whilst on placement and provide a physically safe environment for students to learn</td>
</tr>
<tr>
<td>Make alternative arrangements for students in case of educator is absence</td>
</tr>
<tr>
<td>Students wears a name badge at all times</td>
</tr>
<tr>
<td>Students adhere to the uniform policy at all times</td>
</tr>
</tbody>
</table>
Reasonable accommodations identified in the university LENS reports are facilitated
Equality and diversity are promoted in the learning environment

7. Do the following criteria pertain to you as an educators?

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have completed the Introduction to Practice Education Study Day or individual training from one of the practice education team</td>
</tr>
<tr>
<td>Undertake ongoing CPD in practice education</td>
</tr>
<tr>
<td>Demonstrate a positive commitment to physiotherapy student education</td>
</tr>
<tr>
<td>Have practised physiotherapy for at least two years</td>
</tr>
</tbody>
</table>

8. Does the visiting tutor liaise with the educator in relation to:

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring the student’s progress and their learning experience</td>
</tr>
<tr>
<td>Provide support and guidance in relation to assessment</td>
</tr>
<tr>
<td>Communicate information from the university as appropriate</td>
</tr>
<tr>
<td>Audit student feedback and feedback to educator if requested</td>
</tr>
</tbody>
</table>

9. Any comments relating to any of the above sections?

10. Could you summarise the needs/deficiencies identified from the above tables in your placement site as appropriate?
Section M: Documentation

INTRODUCTION TO DOCUMENTATION ON CLINICAL PLACEMENT

Everyday physiotherapists document what they do with patients – documentation is as integral a part of the patient care process as the assessment (Ax) and treatment (Rx) of patients.

Purposes of documentation
• Legal document – part of patients medical record
• Method of communication with other staff
• Organise thought processes
• Accountability
• Research

European core standards of professional practice adopted by ISCP May 2002
Standard 14 – documentation
• “To facilitate patient management and satisfy legal requirements, every patient who received physiotherapy input, must have a record which includes information associated with each episode of care”

• “Keeping records is an essential part of a physiotherapist's duty of care to the patient and the physiotherapy profession”

Remember the following when writing in a medical record
• Accuracy
• Brevity
• Clarity
• Legible handwriting
• Errors – cross out and initial the errors; do not use Tippex
• Signature+ BLOCK CAPITALS+ co-signed by Practice educator
• Abbreviations – some are permissible; check local guidelines.
• Blank lines – don’t leave any

INTRODUCTION TO THE PATIENT RECORD

The patient record consists of 6 components

1. Database – (a) background (b) subjective (c) objective
2. Analysis and Problem list
3. Treatment plan
4. Short and long term goals
5. Progress notes (SOAP notes)
6. Discharge summary
This is a system of Problem Orientated Medical Recording (POMR). Patient’s individual problems are recorded and addressed as part of a total treatment program. This method of medical recording also includes other information that is pertinent to the care of the patient.

Purpose of the Problem Oriented Medical Record

- To improve communication among all those caring for the patient.
- To display the assessment, problems and plans in an organised format that facilitates patient care
- For use in record review and quality control

Every therapist will have their own style of writing but it is important that each student take note of the details recorded and note how they help formulate a problem list/treatment plan and detail the therapist’s clinical reasoning.

During an initial assessment with a patient, the process of assessment and decision making occurs as follows:

<table>
<thead>
<tr>
<th>WHAT THE PHYSIO DOES</th>
<th>PORTION OF THE NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read chart on referral</td>
<td>Background</td>
</tr>
<tr>
<td>Interview patient &amp; plan for objective assessment.</td>
<td>Subjective</td>
</tr>
<tr>
<td>Carry out objective tests</td>
<td>Objective</td>
</tr>
<tr>
<td>Interpret information from chart, Subjective, objective</td>
<td>Analysis and problem list</td>
</tr>
<tr>
<td>Set goals with patient</td>
<td>LTGs and STGs</td>
</tr>
<tr>
<td>Select course of action</td>
<td>Treatment plan</td>
</tr>
</tbody>
</table>

1. DATABASE

Prior to implementing a course of treatment, the student needs to find out some background information on your patient and assess your patient.

Database consists of
  (A) Gathering background information on the patient
  (B) Gathering subjective information
  (C) Objective examination
This contributes to the identification of patients’ problems and forms a baseline for the evaluation of patient progress in response to treatment. It also directs the course of the objective examination.

(A) Gathering background information

The information may be obtained from a combination of:

- The patient’s medical records - inpatients
- The patient - outpatients
- The patient’s family (collateral history)

For inpatients, read the medical notes to find out as much as possible about the patient prior to assessment. Information from the medical notes will help students in their clinical reasoning process and form the database for their written notes. Students should have a good picture of the patient when the patient notes are read.

Normally information in the medical notes is recorded in a standardised format making it easier to extract relevant information (relevant = any factor contributing to present situation and anything which may affect patient management)

The background information includes:

Patients Personal Data –
Name/DOB/Address/Dr/ medical record number (MRN)

Diagnosis if available

*Presenting complaint (PC) / History of Presenting Complaint (HPC).*
Date & time frame of onset Results of investigations / tests.
Management including medications Progress to date
Aggravating Factors Easing Factors
SIN index 24 hour pattern

*Past Medical History (PMHx) / Past Surgical History (PSHx)*
Previous similar episodes

Other relevant past history including surgical, medical interventions

*Social History (SocHx)*
Occupation, hobbies, pastimes, (What they entail, energy required, postures, mobility)
Marital status, family support etc. Carer or Cared For?
Home environment - Facilities (Stairs, steps to door, bathroom location)
Community supports
Cigs/ C2H5OH/other
Investigations
Investigations done, date, results

Patient Baseline
Functional ability prior to this episode
Mobility / Exercise tolerance prior to this episode

Family History (FHx)
Other members of family with same condition?
Genetic diseases?
Any history pertaining to the patient’s medical conditions

(B) Gathering Subjective Information
This consists of information from the patient, the patient’s family/carer, and the team members re the patient’s condition. This is a record of the patients’ report of limitations, concerns, and problems.

It can also be used to record verbal or written information relating to the patient’s condition that has been supplied by other persons, e.g. staff or family members.

The aim of the subjective is:

- To find out what the patient is complaining of
- To record the precise location of symptoms
- To assess irritability of patients condition
- To assess if there are any contra-indications to Rx
- To decide what objective tests need to be done
- To find out what patients main problem is
- To justify goals set with patient

Categorise items as subjective if it pertains to:

- History of the problem
- Prior level of function
- Patients lifestyle or home situation
- Patients emotions/ attitudes
- Patient states his goals
- Patient voices a complaint
- Patient reports a response to Rx
- Anything patient tells you that is relevant to current condition

The main subjective findings should be highlighted with an asterisk (*)
(c) Objective examination

The objective examination involves the physical examination of the patient using repeatable testing procedures - observation (general and local), palpation and formal testing procedures; it is measurable or observable data.

Objective examination will be specific to each area of physiotherapy and will be practised by students on placements. Exact nature of examination will vary depending on the system and condition being examined.

The main objective findings should be highlighted with an asterisk (*).

Tips for recording the objective examination:
- Approved abbreviations and medical terminology expected
- Should be organised, easy to read, easy to find info
- Sub-headings
- Charts / tables
- Put things in measurable terms

2. ANALYSIS AND PROBLEM LIST

ANALYSIS

This section of a patients chart is for the therapist to record his/her professional opinion and judgement as to the patient’s problems and allows the therapist to link pathology to presentation.

A therapist can discuss with other colleagues, through the written media, the rationale behind his/her treatment or the limitations to a treatment. These could be due to other medical problems or external to the patient’s actual presentation.

Analysis can also be used to record the effect of the treatment between sessions (This can cause confusion as the Objective section can also be used to do the same but common sense should determine where the record of a treatment effect goes. The medical record should be easy to follow and make sense to an external reader).

Analysis can be used to:
- Indicate a statement justifying goals
- State whether patient has rehabilitation potential and why
- Document if there was any difficulty obtaining information from patient / testing that couldn’t be done
- State patient may benefit from another service in hospital or community
- State physiotherapy diagnosis

There is no one set method for writing the information in “A”; it should be organised, easy to follow with professional, clear concise language.
PROBLEM LIST

The problem list will help the student set priorities for treatment and becomes basis for goal setting.

How to compile a problem list:

• Write subjective and objective
• Review subjective and objective; highlight findings that aren’t “within normal limits”
• Set priorities as to which problem is most important
• List in order of priority
• Other problems, which may have an indirect effect on the patient’s condition, may be recorded under ‘other relevant problems’ (e.g. medical and psychosocial problems that are not amenable to physiotherapy treatment but may be affected by physiotherapy intervention, e.g. angina on exertion, lives alone etc.)

Problems may be:

Active Those requiring action/ treatment
Inactive Quiescent or temporarily resolved
Resolved Note the date when the active problem is resolved

The problems may be noted in a tabular form and should be directly linked with the treatment plan.

The table below shows a blank problem list:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Active (date)</th>
<th>Resolved / Inactive (date)</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. GOALS – Short Term Goals and Long Term Goals

Long-term goals (LTGs)
- LTGs are the ultimate goals of treatment. They state the long term plans for the patient; the expected outcome to be achieved by physiotherapy
- Should be structured and clearly defined
- Based on problem list
- Why set LTGs?
  - To help you plan treatment to meet specific needs and problems of patients
  - To prioritise treatment and measure effectiveness
  - To communicate physiotherapy goals with other professionals

Example of LTG
- Patient will ambulate with zimmer frame on level surfaces for unlimited distances independently within 3 weeks to allow independent mobility at home
- Patient will increase (L) elbow extension AROM to -10 extension within 2 weeks to improve patients ability to reach into overhead cupboards at home

Short-term goals (STGs)
- The steps along the way to achieving LTGs i.e. what you aim to achieve within a few treatments
- **Intended to assist the therapist to stick to a treatment activity and to evaluate its effectiveness**
- **Must include a definite verb that can be assessed e.g. can, will, be able to, lift, run, stand**
- Specific treatment is designed to achieve the STGs
- Similar to LTGs except
  - Cover briefer time period
  - More frequently revised
- Involve professional judgement
- Need to be SMART (Consider using outcome measures)

Why set STGs
- To direct treatment to specific needs and problems of patients
- To prioritise treatment.
- To measure effectiveness of treatment.
- To communicate physiotherapy goals with other professionals
- To help guide immediate treatment plan
Tips in goal setting

- Clarity
- Time span will depend on condition
- Can be revised if (a) patient’s condition changes or (b) time span set no longer appropriate
- List in order of priority

<table>
<thead>
<tr>
<th>POORLY WRITTEN GOAL</th>
<th>CORRECTLY WRITTEN GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase ROM</td>
<td>Increase (L) shld flexion AROM 0-180 by 2 wks to enable patient to return to gym</td>
</tr>
<tr>
<td>Reduce pain</td>
<td>Reduce LBP intensity to 5 on VAS by 2 weeks</td>
</tr>
<tr>
<td>Increase general strength</td>
<td>Increase general strength of ULs to 4/5 bilaterally by 3 weeks</td>
</tr>
<tr>
<td>Improve gait pattern</td>
<td>Patients gait pattern with AFO will be WNL and equal WB bilaterally after 1 week of gait training</td>
</tr>
</tbody>
</table>

4. Treatment Plan

The treatment plan outlines the treatment to be used with the patient. Once STGs are set, a treatment plan is set up to achieve each of the STGs.

Information included in plan may include

- Treatment modality or technique the patient will receive
- Frequency per day/week that patient will be seen
- Location of treatment
- Treatment progression
- Patient and carer education
- Equipment needs
- Referral to other services

In recording treatment plan, consider

- Modalities Which? How long? Intensity?
- Ambulation Distance? Level of assistance? What device to use? Weight bearing?
5. SOAP NOTES GUIDELINES

SOAP notes are progress notes describing the patient’s response to treatment. They consist of brief statements written in SOAP format or SOATAP format.

**S - Subjective**
- Present status re highlighted subjective information
- Reponses to last treatment
- Previously set goals
- Compliance with exercise programme
- Level of function at home

**O - Objective**
- Information obtained while reassessing the patient during treatment sessions
- Areas set in last set of STGs written

**A - Analysis**
- Physiotherapist’s opinion in light of the subjective and objective information

**T - Treatment**

**A - Analysis of treatment**
- The “A” for analysis of Rx allows a student to monitor the effectiveness of a treatment within a time frame and to correct if necessary his/her treatment. If the treatment is effective the student should be able to explain under Analysis why it is so. If the effect is immediate it should be recorded.

Example:
- Pre-treatment oxygen saturations 90%
- Patient suctioned through Nasal airway
- Produced large volume of green sputum //O2 Sats up to 96%

**P - Plan**

**EXAMPLE OF SOAP NOTES**

Example of a person post TKR:

**S**
- Patient is happier today and is keen to have physiotherapy. She reports less pain and can move about easier

**O**
- Transfers: Lie to Sit Independent
  - Sit to Stand Independent
Gait: Mobilising with zimmer frame with stand by assistance of 1 x 20 meters /limited by tiredness

ROM  Active Flexion  60  Passive  80 (pain end of range)

Active Extension (in bed) -15 Passive -10

On observation wound clean, stitches in situ

Rx  Mobilised on ward 20 m X 3 with Zimmer frame
    Inner range quads 15 x 3  //  Active extension -5
    Ice Pack 10 mins
    Active assist flexion over side over bed 30 secs x 5 // Active Flexion 80

A  7 days post op, progressing within normal limits, needs to improve AROM

P  Continue to mobilise with Zimmer frame, progress to 2 sticks when has full AROM Extension
    Increase Quads exercises
    Use Icepack x times per day to aid reducing of swelling.

  John Murphy (TCD student Physiotherapist)

Guidelines on Signing Patient Records

The ISCP Standards of Practice 2002 states that the patient records should be signed after each entry and furthermore states that where a student carries out an assessment or treatment the supervising therapist and student should both sign the entry/record.

- The Discipline of Physiotherapy, Trinity College requires that all students operate within the standards adopted by the ISCP.

- It is the policy of the Discipline of Physiotherapy, Trinity College that all students should cooperate with the local guidelines and procedures of the hospital, school, clinic or practice that they are training in.
Section N: Case Presentations

Students are generally required to complete a case presentation during their clinical placements. This is normally a PowerPoint presentation to fellow students, Practice tutors and practice educators on a designated placement day. Other case presentations may be more informal such as an in-service presentation and may include a practical demonstration of techniques or treatment if appropriate.

Case presentations are a means to:

- Formally reflect on recent clinical experiences.
- Practice organising and synopsising complex information.
- Identify missing information.
- Identify and discuss areas of uncertainty.
- Consider the research evidence relating to the case.
- Re-enforce integration of course material e.g. pathology, anatomy, physiology, physiotherapy techniques
- Re-enforce problem solving in physiotherapy interventions
- Provide students with the opportunity to practice oral presentation skills
- Educate other students.
- Stimulate more informal interaction between the presenter & audience
- Case presentations help practice educator to assess clinical reasoning.
- Are part of the CAF assessment criteria

The specific requirements of case presentations will vary on different placement sites. All students are required to discuss the topic, the length of the presentation and the production of written materials/hand-outs with the practice educator/practice tutors. It is up to the student and the supervising physiotherapist to agree the specific parameters of case presentations.

Use the following guidelines when preparing case study:

- **Brief** introduction of the name of the placement, the types of patients seen and reason for choosing a particular patient
- **Do not include the name of the patient or any means of identifying the patient in the presentation**
- **Brief** introduction to the patient which may include diagnosis / definition, cause / pathology of condition, clinical features/ signs and symptoms, significant history / lab data / clinical findings, medications and their significance, medical management and MDT intervention
- Initial physiotherapy assessment and findings
- Main problems based on assessment findings - prioritised
- S.M.A.R.T short term goals & long term goals
- Physiotherapy intervention / treatment – outline rationale for choice of treatment technique mentioning
  - Outcome measures used
  - Physiotherapy precautions / contra-indications if appropriate
- Modifications to treatment
- Progression of treatment
- Ideas on alternative physiotherapy management
- Evidence base for treatment applied

Factors to consider prior to discharge home / discharge from physiotherapy

Discharge instructions / home programme/ follow up which were / may be required

Conclusion – reflect on what the learning gained from treating the patient
  - Reflect on what could be done differently or areas of uncertainty.

References if applicable

Photographs, DVD or video clips of a patient can only be used with written consent from the patient or guardian. If photography, DVD or video material is of a sensitive nature please inform your practice tutor and fellow students.
Section O: Erasmus Exchange

Please contact Cillin Condon in relation to the current update on Erasmus agreements were suspended due to the COVID-19 pandemic

The Erasmus programme is a European Commission programme which enables and encourages students across Europe to study at another university as part of their university degree. Studying at Trinity under the Erasmus Programme is dependent on an exchange agreement existing between the international university and Trinity College.

The Discipline of Physiotherapy have had Erasmus agreements with the world renowned Karolinska Institutet in Stockholm, Sweden and the University of Malta. These agreements offer successful students a valuable opportunity to train in a top international hospital while gaining exposure to an alternative health system and patient group. It is an opportunity to experience another culture, a chance to make friends and set up links for your future career. Erasmus agreements provide an opportunity for four final year students to complete an eight week period of study abroad. This exchange usually takes place in fourth year and consists of one clinical placements plus two weeks additional study/time spent in the hosting university. Whilst efforts will be made to place students in core specialities outstanding to the student it may not always be possible to facilitate this. Students undertaking Erasmus therefore require a flexible approach to placement.

A high level of academic achievement and personal independence is required for this programme. Candidates will be chosen based on their academic and clinical achievements in programme and by a brief interview process. If you are interested in applying for this programme please speak to the International Erasmus Co-ordinator (Cillin Condon) for further details.

The International Admissions and Study Abroad office in the Academic Registry have overall responsibility for the co-ordination of College’s participation in the Erasmus exchange programme and a full outline is available at the following link:

https://www.tcd.ie/study/non-eu/study-abroad/to-trinity/erasmus/
Section P: Useful Student Services

Student Support Services

Student services make a crucial contribution to the student experience at Trinity College. The mission of student services is to provide opportunities of the highest quality for student development in an inclusive, caring and cost effective way, consistent with the academic mission of College. There is a full list of all available services on the local TCD homepage under student services. This will direct you to further information on each service’s website.

TCD Disability Services

Supports for students with disabilities

The Discipline of Physiotherapy welcome applications from prospective students with disabilities and endeavour to assist all students to realise their potential as professional trainee physiotherapists by offering a range of supports; to include - reasonable accommodations. In supporting the participation of students with disabilities in programmes that confer eligibility to practise as a physiotherapists, the Discipline of Physiotherapy strive to balance principles of inclusiveness with the high standards and duty of care to the patient that are required of physiotherapists.

Trinity College Dublin has a Disability Service which provides advice and support to students with disabilities who disclose their disability prior to entry and whilst studying in College. Students are encouraged to attend the College Open Day usually in early December of the year preceding entry or to contact the Disability Service to get an idea of the demands of the course. We also encourage students with disabilities to register with and seek support from the Disability Service in College. Students on professional courses who do not disclose a disability cannot avail of reasonable accommodations while on clinical placement and cannot claim that they have being discriminated against (on grounds of disability) if they have not disclosed. For further information or to discuss the supports that are available to students with disabilities, contact the Disability Service at: www.tcd.ie/disability

Student handbook and information for current students on the web

The Disability Service has developed a professional placement support process for students with disabilities on professional courses in Trinity College Dublin. Not all students will require this support, however, for those who do, a placement planning meeting will take place in advance of the start of clinical placements. During this meeting, students with disabilities will meet with the Placement Co-ordinator in Physiotherapy and their Disability Officer to discuss their needs and collaboratively develop a plan of action. The outcome will be an agreed set of reasonable accommodations that will operate on site during the placement. The student can request a review of this placement process at any time to ensure the process is working effectively.
To assist this process, a Professional Placement Guide for students with disabilities has been produced. The guide deals with issues such as disclosure, confidentiality, fitness to practice and reasonable accommodations. The key message for students is that we want to encourage disclosure through a supportive process that involves all parties concerned. The key message for staff is that students with disabilities are succeeding in greater numbers on professional courses and that in the vast majority of cases; their support needs are small and easily identifiable.

For further details on the Placement Planning supports for students with disabilities and to download the booklet please see: http://www.tcd.ie/disability/services/placement-planning.php

**For other services contact:**

http://www.tcd.ie/Student_Counselling/

http://isservices.tcd.ie/students/

https://www.medicine.tcd.ie/local/students/health-safety.php

http://www.tcd.ie/Careers/students/

http://www.tcd.ie/Student_Counselling/student-learning/

TCD Disability Services website https://www.tcd.ie/disability/

TCD Student Learning and Development website http://student-learning.tcd.ie/

https://www.tcd.ie/equality/policy/dignity-respect-policy/
## APPENDICES

### Appendix I: Contact details for Discipline of Physiotherapy

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone/ Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Fiona Wilson</td>
<td>Head Discipline of Physiotherapy</td>
<td>(01) 896 2125</td>
<td><a href="mailto:fwilson@tcd.ie">fwilson@tcd.ie</a></td>
</tr>
<tr>
<td>Airna Olivera Do Nascimento</td>
<td>Executive Officer</td>
<td>(01) 896 2110</td>
<td><a href="mailto:physio@tcd.ie">physio@tcd.ie</a></td>
</tr>
<tr>
<td>Lucy Alpine</td>
<td>Practice Education Co-ordinator</td>
<td>(01) 896 3173</td>
<td><a href="mailto:lucy.alpine@tcd.ie">lucy.alpine@tcd.ie</a></td>
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**Practice tutors contacts numbers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Phone/ Ext.</th>
<th>Email</th>
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<tbody>
<tr>
<td>Dr Emer Barrett</td>
<td>Trinity Centre for Health Sciences</td>
<td>(01) 896 2120</td>
<td><a href="mailto:barrete@tcd.ie">barrete@tcd.ie</a></td>
</tr>
<tr>
<td>Noreen O Shea</td>
<td>St. James’s Hospital</td>
<td>(01) 410 3399</td>
<td><a href="mailto:noshea@stjames.ie">noshea@stjames.ie</a></td>
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<tr>
<td>Alice Waugh</td>
<td>St. James’s Hospital</td>
<td>(01) 410 3399</td>
<td><a href="mailto:awaugh@STJAMES.IE">awaugh@STJAMES.IE</a></td>
</tr>
<tr>
<td>Mark McGowan</td>
<td>St. James Hospital</td>
<td>(01) 4284555</td>
<td><a href="mailto:mmcgowan@STJAMES.IE">mmcgowan@STJAMES.IE</a></td>
</tr>
<tr>
<td>Anne-Maria Scanlon</td>
<td>AMNCH In-patients</td>
<td>(01) 4142000</td>
<td><a href="mailto:annemaria.scanlon@amnch.ie">annemaria.scanlon@amnch.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleep 7089</td>
<td></td>
</tr>
<tr>
<td>Fiona Bradish</td>
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<td>(01) 414</td>
<td><a href="mailto:Fiona.bradish@tub.ie">Fiona.bradish@tub.ie</a></td>
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<td></td>
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</tr>
<tr>
<td>Mairead Navin</td>
<td>National Rehabilitation Hospital</td>
<td>(01) 235 5332</td>
<td><a href="mailto:Mairead.Navin@NRH.IE">Mairead.Navin@NRH.IE</a></td>
</tr>
<tr>
<td>Collette Finnegan</td>
<td>Midland Regional Hospital Tullamore Orthopaedics &amp; Respiratory</td>
<td>046 9733511</td>
<td><a href="mailto:colettefinneganspeller@gmail.com">colettefinneganspeller@gmail.com</a></td>
</tr>
<tr>
<td></td>
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<td>(Wednesday, Thursday and Friday)</td>
<td></td>
</tr>
<tr>
<td>Name</td>
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<tr>
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<tr>
<td>James Duffy</td>
<td>Children Hospital Ireland, Crumlin</td>
<td>(01) 4096100 /409 6617 Bleep 707</td>
<td><a href="mailto:James.duffy@olchc.ie">James.duffy@olchc.ie</a></td>
</tr>
<tr>
<td>Claire McPeake</td>
<td>Midland Regional Hospital, Mullingar</td>
<td></td>
<td><a href="mailto:Claire.McPeake@hse.ie">Claire.McPeake@hse.ie</a></td>
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<tr>
<td>Aoife Brennan</td>
<td>St. Columcilles Hospital, Loughlinstown</td>
<td></td>
<td><a href="mailto:aoife.brennan2@hse.ie">aoife.brennan2@hse.ie</a></td>
</tr>
<tr>
<td>Marian McGuinness</td>
<td>Cavan/Monaghan Physiotherapy Services</td>
<td></td>
<td><a href="mailto:marian.mcguinness@hse.ie">marian.mcguinness@hse.ie</a></td>
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**Discipline of Physiotherapy Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Marese Cooney</td>
<td>Assistant Professor</td>
<td>(01) 896 2124</td>
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</tr>
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</tr>
<tr>
<td>Prof. John Gormley</td>
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<td><a href="mailto:jgormley@tcd.ie">jgormley@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Juliette Hussey</td>
<td>Vice-President of Global Health, Associate Professor</td>
<td></td>
<td><a href="mailto:jmhussey@tcd.ie">jmhussey@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Fiona Wilson</td>
<td>Assistant Professor</td>
<td>(01) 896 3534</td>
<td><a href="mailto:wilsonf@tcd.ie">wilsonf@tcd.ie</a></td>
</tr>
<tr>
<td>Cillin Condon</td>
<td>Senior Physiotherapist</td>
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<td><a href="mailto:condonc@tcd.ie">condonc@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Julie Broderick</td>
<td>Assistant Professor</td>
<td></td>
<td><a href="mailto:broderju@tcd.ie">broderju@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Emer Barrett</td>
<td>Assistant Professor</td>
<td></td>
<td><a href="mailto:barete@tcd.ie">barete@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Cusile Forde</td>
<td>Assistant Professor</td>
<td></td>
<td><a href="mailto:c.forded@tcd.ie">c.forded@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Emer McGowan</td>
<td>Assistant Professor</td>
<td></td>
<td><a href="mailto:MCGOWAEM@tcd.ie">MCGOWAEM@tcd.ie</a></td>
</tr>
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### Appendix II: List of Clinical Placement Sites

<table>
<thead>
<tr>
<th>Clinical Site</th>
<th>Abbreviation for Placement List</th>
<th>Telephone Number</th>
<th>Contact Person</th>
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<tr>
<td>Bons Secours Hospital, Glasnevin</td>
<td>Bons Secours Hospital</td>
<td>(01 806 5339)</td>
<td>Anne Griffin (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Tallaght University Hospital</td>
<td>TUH</td>
<td>(01) 414 2000</td>
<td>Pauline Robinson, Anne-Marie Scanlon (Practice tutors)</td>
</tr>
<tr>
<td>Cavan Monaghan Services</td>
<td>CGH (Cavan General Hospital)</td>
<td>(049) 436 1399</td>
<td>Marian McGuinness (Practice tutor)</td>
</tr>
<tr>
<td>CRC Clontarf Vernon Avenue Clontarf Dublin 3</td>
<td>CRC Clontarf</td>
<td>(01) 833 2206</td>
<td>Mary Cant (Physiotherapy Manager)</td>
</tr>
<tr>
<td>CRC Clondalkin (Scoil Mochua) Old Nangor Road, Clondalkin Dublin 22</td>
<td>CRC Clondalkin</td>
<td>(01) 457 4876</td>
<td>Mary Feely (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Enable Ireland Sandymount Avenue Dublin 4</td>
<td>EI Sandymount</td>
<td>(01) 261 5900</td>
<td>Senior Physiotherapist</td>
</tr>
<tr>
<td>Midland Regional Hospital Arden Road Tullamore Co. Offaly</td>
<td>MRHT</td>
<td>057 9358721</td>
<td>Colette Finnegan (Practice tutor)</td>
</tr>
<tr>
<td>Children’s Hospital Ireland, Crumlin Crumlin Road Dublin 12</td>
<td>CHI</td>
<td>(01) 409 6617 or 4096100 pager 707</td>
<td>Rebecca Lesage (Practice tutor)</td>
</tr>
<tr>
<td>National Rehabilitation Hospital Dun Laoghaire Co. Dublin</td>
<td>NRH</td>
<td>(01) 235 5332</td>
<td>Irene Galligan (Practice tutor)</td>
</tr>
<tr>
<td>St. Columcilles Hospital Loughlinstown Co. Dublin</td>
<td>St. Col.</td>
<td>(01) 211 5245</td>
<td>Emer O’Malley (Practice tutor)</td>
</tr>
<tr>
<td>St. James’s Hospital James’s Street Dublin 8</td>
<td>SJH</td>
<td>(01) 416 2503</td>
<td>Noreen O Shea, Alice Waugh, Mark McGowan (Practice tutors)</td>
</tr>
<tr>
<td>St Michael’s House Ballymun</td>
<td>SMH</td>
<td>Tel: (01) 884 0200</td>
<td>Orlaith Mooney (Senior Physiotherapist)</td>
</tr>
<tr>
<td>The Royal Hospital Morehampton Road Donnybrook Dublin 4</td>
<td>RHD</td>
<td>(01) 497 2844/2689</td>
<td>Mark Harwood (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Primary Care Dublin South Central</td>
<td>PC Thomas Court, PC Pearse Street, PC Bru Caomhín, PC Meath Community Campus PC Belleville PC Rialto</td>
<td>(01) 620 6226</td>
<td>Grainne Kelly (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Primary Care Dublin West</td>
<td>PC Ballyfermot / COE Cherry Orchard Hospital PC Inchicore PC Rossecourt</td>
<td>(01) 620 6226</td>
<td>Grainne Kelly (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Primary Care Dublin South West</td>
<td>Russell Buildings Tallaght Millbrook Lawns Crumlin Road Armagh Road</td>
<td>(01) 709 9952</td>
<td>Alva McFadden (Physiotherapy Manager)</td>
</tr>
<tr>
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<tr>
<td>Defence Forces Physiotherapy Service</td>
<td>The Curragh Barracks</td>
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<td>Eimear Ni Fhalluin (Physiotherapy Manager)</td>
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*The above list consists of regular placement sites provided to TCD. Other clinical sites may also provide clinical placements.*
### Appendix III: TCD CLINICAL PLACEMENT TIMETABLE 2021-2022

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<tr>
<th>Calendar week</th>
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</tbody>
</table>
Appendix IV: Student Orientation Checklist

CHECK LIST FOR ORIENTATION OF STUDENTS ON PLACEMENT

1. Organisational structure of Department
2. Name of physiotherapist responsible for student; area of work and contact number/bleep
3. Hours of placement
4. Break & meal times
5. Telephone numbers
6. Procedure when calling in sick
7. Bleep system
8. Cardiac arrest & emergency procedures
9. Lockers
10. Uniform: only wear in work. Adhere to school uniform policy
11. Professional behaviour
   a. Punctuality
   b. Adequate preparation for placement
   c. Setting and achieving learning goals
   d. Maintenance of pt. records & treatment statistics – notes must be co-signed
   e. Patient consent for patient treatment required and documenting same
   f. Confidentiality
   g. Keep student area tidy
   h. Site specific code of behaviour document
   i. Jewellery/body piercing/tattoos
   j. Infection control
      i. Hand washing between patients
      ii. Clean stethoscope between patients
      iii. Blood / body fluids - universal precautions
      iv. Eye protection - goggles for suction / coughing
      v. Checking MRSA status
      vi. Cleaning equipment after use
12. Photocopying in services / books
13. Accident/incident reporting immediately to senior
14. In-services – each rotation schedules them at different times
15. Statistics – how to keep daily statistics
16. Practice tutors cover
17. Health and safety
18. Case presentations – time and date
19. Appraisal
20. Learning objectives - when to compile? With who?
21. Orientation tour of Department/Hospital

The Practice Education Team have developed a new induction list for clinical sites which is available on TCD Blackboard and on request to the team.
Appendix V: Grievance Policy and Procedure for Students on Clinical Placement

1.0 Purpose

Discipline of Physiotherapy policy and procedure for undergraduate students on clinical placement.

2.0 Scope of Policy

2.1 This policy applies to all undergraduate students taking a clinical placement in Ireland organised by the Discipline of Physiotherapy.

3.0 Policy statement

The Discipline of Physiotherapy is committed to resolving grievances as early as possible so as to create and maintain an environment that facilitates teaching and learning. The following procedure has been established to create a framework for dealing effectively with grievances that arise outside of sexual harassment, bullying and racial harassment.

(Please refer to Trinity College website www.tcd.ie for Dignity and Respect Policy for dealing with complaints of bullying or harassment including sexual harassment and racial harassment).

4.0 General Provisions

4.1 If a student has a grievance, he/she should reflect on the problem, consider possible solutions and then request a time to discuss the issue with their practice educator (this should take place as early as possible).

Following discussion the student and the practice educator (PE) should identify and agree the problem and develop a plan for resolution of the problem together. This should be reviewed as appropriate until the problem is resolved.

Alternatively a student may discuss the problem with the practice tutors (PT), regional placement facilitator (RPF) or other visiting clinical or academic staff to find a solution as early as possible in the placement.

4.2 If a student has a grievance but is uncertain what action to take, or if the grievance involves personal or other sensitive issues which they consider inappropriate to raise directly with their PT or PE then the student may seek advice directly from the practice education co-ordinator (PEC).

4.3 The student may be accompanied by a named representative at any stage of the grievance when meetings are taking place.

5.0 Stages of Grievance Resolution Procedure

5.1 Stage 1: Grievance will be brought to the attention of the PE and/or PT or other clinical staff involved in supervising the student to find an agreeable resolution. Local discussion to resolve the matter will take place informally.
If the health or safety of a student or client is at risk the matter should immediately be brought to the attention of the Physiotherapy Manager and the PEC. A student may involve their College Tutor at any stage of the process if they wish.

5.2 **Stage 2**: If the matter cannot be resolved at stage 1, the PEC will be informed of the grievance. The PE/PT/PEC may inform the Physiotherapy Manager as appropriate at this time. The grievance will be investigated by PT/PEC giving all parties involved separate discussion time to talk about the matter in an effort to find an agreeable resolution. All parties will be treated with sensitivity, dignity and respect. Following discussion with all parties an agreed resolution plan will be put in place. This should be reviewed as appropriate until the problem is resolved. A written record of all meetings should be kept.

5.3 **Stage 3**: If the matter cannot be resolved at stage 2, where the involved parties fail to agree, the grievance will be referred to the Head of the Discipline of Physiotherapy and Physiotherapy Manager (if not already aware). A meeting will be arranged with all sides involved in the grievance in an effort to achieve a resolution.

5.4 **Stage 4**: If the student is unhappy with the conduct of the investigation or the outcome, he/she may refer the matter through the appropriate college procedures via their College Tutor. This should occur within seven days of informing the Head of the Discipline of Physiotherapy that they are not satisfied with the outcome or conduct of the investigation.
Appendix VI: Practice Education Modules

Practice Education I (5 ECTS)

Module Co-ordinator: Lucy Alpine (Practice Education Co-ordinator).

Lecturers for the Preparation for Clinical Practice Course: The practice education team composed of the practice education co-ordinator, the TCD practice tutors and regional placement facilitators and physiotherapists from clinical sites for occasional lectures.

Practice Educators and Practice Tutors: Physiotherapists based in the clinical sites affiliated with TCD facilitate clinical placements and are supported by the practice education team.

Contact hours
Eighteen hours lectures/workshops or training, 8 hours practical skills classes and 3 hours online learning and 210 (P1) clinical placement hours.

Aim
The overall aim of this module is to introduce students to the practice education component of the course. The module has two components two parts, the Preparation for Clinical Practice Course and a six week clinical placement. The preparation for clinical practice component of the module prepares students to understand the structure and nature of clinical placement. It also introduces them the learning skills and practice education documentation which is required to be completed during placement. The clinical placement component of the module begins the process of integrating theory and practical skills. This module also prepares students to begin to develop physiotherapy assessment and treatment skills in the core areas of physiotherapy practice.

Learning Outcomes: Practice Education P1 will offer the student the opportunity to develop and demonstrate:

1. Knowledge of the structure and the process of the practice education component of the course.
2. An ability to plan and undertake a fundamental subjective and objective assessment for a patient, with guidance, in the core areas of physiotherapy practice (CORU P1.15, P1.16, P3.1, P3.2, P3.3, P510, P5.13).
3. The basic skill of analysing the assessment findings and formulating fundamental appropriate treatment options, with guidance (CORU P3.4, P3.5, P5.28).
4. A fundamental ability to apply physiotherapy treatment approaches and techniques safely, with guidance, and adapt and revise treatment plans as appropriate in conjunction with the service user based on reassessment and outcome measure (CORU P3.8, P3.9, P3.10, P5.6 - P5.11, P5.13 - P26).
5. Under guidance, a fundamental ability to evaluate treatment outcomes using appropriate tools and an understanding of some of the factors that influence outcomes (CORU P3.8, P5.5, P5.17)

6. Under guidance, a fundamental ability to work as a member of a health care team, and to understand the roles of the members of the multidisciplinary team.

7. A fundamental ability to communicate effectively with patients, relatives, colleagues and other members of the multidisciplinary team (CORU P2.1, P2.2, P2.9).

8. An ability to formulate an essential database in the core areas of physiotherapy practice, and to complete Patient-Oriented Medical Record (POMR) format for all patient notes/electronic records with guidance (CORU P1.7, P1.10, P2.6, P2.7, P2.8, P3.1).

9. Work as a member of a healthcare team and understand the roles of the members of the multidisciplinary team (CORU P2.14).

10. Manage a caseload appropriate to the clinical environment with guidance (CORU P1.18)

11. An elementary appreciation of the Irish health care system in which physiotherapy is delivered (CORU P5.27).

12. A basic knowledge of infection control, basic risk management and safety in the hospital environment. (CORU P3.14).

13. An awareness of cultural differences, and how they may impact on patient care and colleagues in the health care setting (CORU P1.3, P1.8).

14. Demonstrate an understanding of the ethical, moral and legal issues in relation to physiotherapy practice (P1.1 - P1.13, P1.17)

15. Demonstrate an understanding of managing one’s own health and well-being (P1.20)

16. An understanding of the need to educate patients to manage their own health and wellbeing (CORU P5.2, 5.26)

17. An understanding of the role of the physiotherapist in supporting health and lifestyle behaviour change (CORU P5.2, 5.26)

COMPONENTS OF PRACTICE EDUCATION I MODULE:

- Orientation to the structure of clinical placement structure as part of the programme, orientation to the clinical environment, developing placement learning objectives for each practice education module, the roles of the practice education team, the role of all stakeholders during placement, support systems during placement, assessment of clinical placements and the Common Assessment Form, requirements in terms of clinical hours, the Practice Education Handbook as an information and learning resource, student information on the practice education website, case presentations, Guidelines for Good Practice in Practice Education, TCD Student CV, the student feedback
process, giving and receiving feedback, documentation needed for placement (Five Minute Feedback Form), common problems encountered on placement and supports available, Heart Saver training.

- Introduction to documentation: database collection and writing S.O.A.P. notes.
- Introduction to Primary Care as part of the Irish health care system.
- Infection control and prevention on placement including hand washing technique (online HSELand course).
- Introduction to the role of the multidisciplinary team.
- Introduction to reflective practice in the clinical practice including the Undergraduate Learning Portfolio.
- Understanding and developing placement learning objectives
- Introduction to clinical reasoning.
- Independent learning for the clinical setting.
- Cultural diversity in the clinical setting.
- Practical skills workshops.
- Heart Saving Training.
- A six week clinical placement. The first week will be a preparatory week called ‘Foundation Week’ focusing on reflective practice, documentation skills, communication skills and developing an understanding of the role of the physiotherapist as a health professional in the clinical environment.

**Methods of Teaching and Student Learning**
Teaching is a blend of lectures, practical classes, online learning material and a clinical placement with one of the universities partner health providers, supervised by a practice educator and supported by the practice education team.

**Methods of Assessment**
Continuous Assessment: Clinical practice evaluation of learning outcomes set out in the TCD Common Assessment Form (CAF) Level 1. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety.

Students also submit planned and unplanned learning activities which contribute their Undergraduate Learning Portfolio. These are not marked but feedback is provided.

**Evaluation of module**
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.

**Practice Education II (20 ECTS)**

**Module Co-ordinator:** Lucy Alpine (Practice Education Co-ordinator),
Practice Educators and Practice Tutors: Physiotherapists based in the clinical sites affiliated with TCD facilitate clinical placements and are supported by the practice education team.

Contact hours
410-450 (P2 210 hours and P3 210 hours) hours clinical placement

Aim
The aim of this module is to progress the student’s fundamental knowledge and understanding of the physiotherapy assessment process and treatment of patients. Students will have the opportunity to practice and build on clinical skills learned in previous modules. The students develop clinical reasoning skills in the core areas of physiotherapy practice and manage a clinical caseload. Students advance their understanding of the role of multidisciplinary team. Students’ progress to reduced levels of guidance over the placement.

Learning Outcomes: Practice Education II will offer the student the opportunity to develop and demonstrate:

1. Formulate and evaluate SMART learning goals appropriate to the clinical environment (CORU P4.1, P4.1, P4.2, P4.3)
2. Plan and apply a subjective and objective assessment of a patient with reduced level of guidance over the duration of the placement (CORU P1.15, P1.16, P3.1, P3.2, P3.3, P5.10, P5.13).
3. Analyse the assessment findings and apply clinical reasoning to the assessment and reassessment findings in order to plan, prioritise, implement and modify appropriate physiotherapy treatment (CORU P3.4, P3.5, P5.28).
4. Demonstrate knowledge informed and evidence-based decision making when making professional judgements for service users, including an ability to justify differential diagnosis and prognosis prior to initiating treatment (CORU P3.6, P5.3, P.5.5, P5.6, P5.11).
5. Apply evidence-based treatment approaches and techniques safely and in a prioritised manner (CORU P3.7, P5.6, P5.8, P5.9, P5.7 - P5.11, P5.13 - P5.26).
6. Evaluate treatment outcomes using the appropriate tools / outcome measures along with service users responses to the treatment. Adapt and revise treatment plans as appropriate in conjunction with the service user. Understand the factors that influence outcomes. (CORU P3.8, P3.10, P5.5, P5.17)
7. Work as a member of a healthcare team and understand the roles of the members of the multidisciplinary team (CORU P2.14).
8. Communicate effectively with patients, relatives, colleagues and other members of the multidisciplinary team (CORU P2.1, P2.2, P2.9).
9. Formulate a database in the core areas of physiotherapy practice and complete Patient Orientated Medical Record (POMR) format for all patient notes/electronic records. Apply digital literacy skills and communication
technologies appropriately and comply with local and national documentation standards (CORU 1.7, P3.1, P1.10, P2.6, P2.7, P2.8).

10. Manage a caseload appropriate to the clinical environment with guidance using evidence-informed practice (P1.18)

11. Demonstrate an understanding of infection control, fundamental risk assessment strategies and safety procedures in the hospital environment (CORU P3.14, P3.10).

12. An awareness of cultural differences, and how they may impact on patient care and colleagues in the health care setting (CORU P1.3, P1.8).

13. Demonstrate an appreciation of the Irish health care system in which physiotherapy is delivered (CORU P5.27).

14. Demonstrate an understanding of the ethical, moral and legal issues in relation to physiotherapy practice (CORU P1.1 - P1.13, P1.17)

15. Demonstrate an understanding of managing one’s own health and well-being (P1.20)

16. An understanding of the role of the physiotherapist in supporting health and lifestyle behaviour change (CORU 2.4, P 5.2, 5.26)

Clinical Placements
Clinical placements are undertaken in the core areas of musculoskeletal out-patient care, respiratory care, neurology and/or care of the elderly physiotherapy practice. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to qualified physiotherapist.

Methods of Teaching and Student Learning
Teaching and learning takes place in one of the universities partner health providers, supervised by practice educators and supported by the practice education team. It provides the opportunity to work with health service clients to develop professional skills and may include clinical tutorials, inter professional learning, case presentation, observation of physiotherapists delivering client care, peer learning and attending appropriate learning experiences e.g. surgery in theatre, out-patient clinics, respiratory laboratory etc.

Methods of Assessment
Continuous Assessment: Clinical practice evaluation of learning outcomes set out by the TCD Common Assessment Form (CAF) Level 2. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety. Students also submit planned and unplanned learning activities which contribute to their Undergraduate Learning Portfolio. These are not marked but feedback is provided.

Evaluation of module
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant
issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.

**Practice Education III (20 ECTS)**

**Module Co-ordinator:** Lucy Alpine (Practice education co-ordinator).

**Practice Educators and Practice Tutors:** Physiotherapists based in the clinical sites affiliated with TCD facilitate clinical placements and are supported by the practice education team.

**Contact hours**
455 - 460 (P4 245 and P5 210) hours clinical placement

**Aim**
The aim of this module is to progress the integration of theory and practical skills into the clinical setting, allowing the development of critical thinking skills, communication skills and professional practice. It provides the student with an opportunity to continue to build on managing a clinical caseload and enables them to develop core competencies in the area of clinical placement. Students’ progress to reduced levels of guidance over the placement.

**Learning outcomes:**
Practice Education III involves clinical placement in the area of physiotherapy practice and will offer the student the opportunity to develop and demonstrate:

1. Undertake a physiotherapy assessment and apply treatment techniques that are safe, effective evidence-based and relevant to the area, taking account of the patient’s physical, psychological, social and cultural needs within the context of competing demands and available resources (CORU P.15, P.16, P1.19, P3.1, P3.2, P3.3, P3.7, P5.6, P5.7- P5.26, P5.28)
2. Demonstrate knowledge informed and evidence-based professional decision-making, analysing and critically evaluating assessment and reassessment findings in order to plan, prioritise, implement and modify appropriate physiotherapy. Justify differential diagnosis and prognosis prior to initiating treatment (CORU P3.4, P3.5, P3.6, P5.6, P5.11).
3. Apply condition specific appropriate treatment outcomes and consider the services users response to the treatment. Revise treatment plans as appropriate in conjunction with the service user. Have an understanding of the factors that influence outcomes including age, race, psychological and socio-economic factors (CORU P3.8)
4. Effective participation as a member of a healthcare team based on the understanding of individual and team-working practices and the role of the team members (CORU P2.14)
5. Manage a caseload appropriate to the clinical environment (CORU P1.18)
6. Identify the limits of their own practice knowing when to seek advice and expertise or refer to another professional (CORU P1.2, P4.4, P4.5)
7. Effective participation in the holistic patient management of the patient within the health care team and understanding of preventative measures that can lessen the incidence and/or severity of disease (CORU P5.26, P2.1, P2.2, P2.9).

8. Communicate safely and effectively as a professional with patients, relatives, patient carers and colleagues (CORU P2.1, P2.2).

9. Document clear, concise, legible POMR. Apply digital literacy skills and communication technologies appropriately and comply with local and national documentation standards (CORU P1.7, P1.10, P2.6, P2.7, P2.8).

10. Reflect successfully, both on practice and learning, in order to identify personal, professional and therapeutic goals within a context of lifelong learning (CORU P4.1, P4.2, P4.3).

11. Appreciate the complexities of the health care system in which physiotherapy is delivered (CORU P5.27).

12. Demonstrate an understanding of infection control, risk assessment strategies and safety procedures in the clinical environment (CORU P3.14, P3.10)


14. Take responsibility for managing one’s own health and well-being (CORU P1.20).

Clinical Placements
Clinical placements are undertaken in the core areas of musculoskeletal out-patient care, respiratory care, neurology and/or care of the elderly physiotherapy practice. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to qualified physiotherapist.

Methods of Teaching and Student Learning
Teaching and learning takes place in one of the universities partner health providers, supervised by practice educators and supported by the practice education team. It provides the opportunity to work with health service clients to develop professional skills and may include clinical tutorials, inter professional learning, case presentation, observation of physiotherapists delivering client care, peer learning and attending appropriate learning experiences e.g. surgery in theatre, out-patient clinics, respiratory laboratory etc.

Methods of Assessment
Continuous Assessment: Clinical practice evaluation of learning outcomes set out by the TCD Common Assessment Form (CAF) Level 3. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety. Placement 4 is scored on a pass/fail basis.

Formative Clinical Examination: A Final Patient Assessment is a single clinical examination of a student assessing a new patient or assessing and treating a patient in the clinical setting. It takes place during placement 4 or 5 in 4th year. A member of the staff involved in student education (lecturers, the practice education co-ordinator,
practice tutors, regional placement facilitators) for the Discipline of Physiotherapy plus one other will carry out the examination. The second examiner is a member of the staff involved in student education or a qualified practising physiotherapist in the relevant area.

Students complete planned and unplanned learning activities which contributes to their Undergraduate Learning Portfolio. These are not marked but feedback is given.

**Evaluation**
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.
Appendix VII: CORE OBJECTIVES

CLINICAL

1. **To become competent in patient assessment**

   **Suggested Actions:**
   
   - Apply appropriate skills in the subjective and objective examination and assessment of patients within a reasonable time frame e.g. one hour
   - Discussion of Assessment findings with PE/PT and peers
   - Reflection on Assessment findings and feedback
   - Shadow of supervisors/qualified therapists in their assessments
   - Expansion of knowledge base
   - Use of appropriate outcome measures/scales relevant to the individual patient, which can be reassessed and are sensitive to change
   - Discuss the rationale for and demonstrate the application of commonly used tests and treatments showing a logical sequence of thought processes
   - Identify the possible sources of symptoms and plan the management based on sound clinical reasoning
   - Demonstrate appropriate, safe and effective handling skills
   - Use appropriate sources of information e.g.: x-rays, medical notes etc. to assist in the assessment process
   - Gather information in a logical systematic method
   - Investigate the differential diagnosis in your objective examination to reach a working diagnosis

2. **To develop clinical reasoning skills**

   **Suggested Actions:**
   
   - Appropriate data collection, documentation and interpretation
   - Interpret and evaluate the assessment findings to formulate an appropriate problem list, identify a treatment plan and set realistic and functional goals.
   - Interpretation of radiographic films/other tests and investigations
   - Draw on background theoretical knowledge
   - Reflective Practice
   - Problem solving with peers/PTs/PEs
   - Analyse the main findings from subjective examination to formulate a differential diagnosis
   - Investigation of differential diagnosis in your objective examination to reach a working diagnosis
   - Formulation of concise problem lists and appropriate treatment plans
   - Case presentations: preparation and delivery

3. **To develop competent treatment skills**

   **Suggested Actions:**
• Observation/shadow of supervising therapists
• Skills practice with peers/PTs/PEs
• Feedback sessions/patient workshops
• Supervised clinical skills with patients (one-to-one and group setting)
• Attend in-service training/tutorials
• Integrate current research into clinical practice
• Safely implement manual handling skills with patients
• Prescription and progression of appropriate exercise regimes
• Safely and effectively demonstrate and teach a variety of home exercise programmes (HEPs)

4. To avail of local learning opportunities

Suggested Actions:

• Attend in-service training
• Attend tutorials
• Shadow basic grades/seniors
• Attend operating theatre as appropriate
• Attend occupational therapy and other allied health professional services as appropriate
• Attend clinics/ hospital programmes
• Attend and be involved in exercise classes

5. Other skills

Suggested Actions:

• Use appropriate outcome measures to determine progress and modify the intervention as required
• To plan an effective HEP and educate the patient in its implementation
• To improve skills in managing a caseload scheduling appointments, time keeping, referral onto other members of the multidisciplinary team

COMMUNICATION

To be able to communicate effectively with the patient, family/carers, multidisciplinary team (MDT) and colleagues

Suggested Actions:

• Observation of qualified therapists
• Communication with patients (verbal and non-verbal)
• Communication and education of patients, using a variety of available communication tools appropriate to their needs
• Participation in family/carer education demonstrating an ability to apply listening skills and impart information with an appropriate level of confidence
• Communication with and exchange of ideas with staff (verbal/bleep system/email/one-to-one/etc.)
• Non-verbal written communication (medical charts, PT charts, patient instructions/HEPs/transfer letters and phone calls)
• Liaising with other services (internal and external) as appropriate
• Develop an understanding of the multidisciplinary management approach by participating in conferences and other team meetings, feeding back to the MDT on patient’s progression and discussing multidisciplinary goals
• To present a case study at the end of placement, demonstrating an ability to reflect on the problem solving process applied to a particular patient while on placement. To be able to present with confidence and clarity of speech, to be able to answer questions related to the presentation and to show evidence of preparation for presentation.

DOCUMENTATION

To Accurately Document Clinical Findings and Treatments

Suggested Actions:

• Complete a database retrieving relevant information from all appropriate sources
• Reading of qualified therapist’s documentation
• Practice of documentation of own notes in SOAP format
• Actively seeking feedback from PE/PT to ensure standards maintained
• Awareness and use of accepted abbreviated terms and symbols
• Awareness of medico legal requirements
• Practice of transfer letters, discharge summaries and community referral forms
• Making referrals as appropriate to other multidisciplinary members
• To adhere to all legal and departmental requirements regarding documentation
• To accurately record all patient information showing evidence of clinical reasoning
• Record clear, concise but thorough, legible notes using appropriate abbreviations in the format adopted by the individual services (SOAP notes or other)
• To document an appropriate treatment plan and intervention strategy based on clinical findings and to document goals that are specific, measurable, achievable, realistic and timed.

PROFESSIONAL

To Demonstrate an Appreciation of the Importance of Professional Conduct during Clinical Placement

Suggested Actions:

• Refer to ISCP Rules of Professional Conduct
• Maintain a professional standard of dress and behaviour
• To demonstrate the ability to be a professional member of the team
• To demonstrate adequate preparation for the placement, by identifying learning needs, setting learning objectives, completing pre-placement reading and being adequately prepared for all tutorials and practical sessions.
• To demonstrate initiative, a willingness to learn and the ability to accept feedback and to act on it
• To adhere to all departmental and university policies and procedures, and to apply professional behaviours and attitudes at all times
• To demonstrate an awareness of limitations and seek support
• To recognise the need to work in a team environment, demonstrating an ability to prioritise and recognise needs of colleagues
• To participate in departmental in-service training programme

SAFETY

To Practice in a manner which in no way compromises the Safety of the Patient, Self or Colleague

Suggested Actions:

• Awareness of Health and Safety policy
• Awareness of Infection Control policy
• Adherence to Manual Handling guidelines in all practice
• Awareness of any contra-indications and dangers/precautions to treatment
• Awareness of protocols
• Explanation and check understanding prior to treatment
• Appropriate preparation of patient, self and environment prior to treatment
• Safe application of treatment
• Safe patient handling
• Care for the equipment and report any malfunction/breakage to the PT/PE immediately

SUGGESTED LEARNING OBJECTIVES FOR SPECIFIC PLACEMENTS

1. OUT-PATIENTS PLACEMENT

Clinical Skills Musculoskeletal
• Joint range of movement (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Neurological Assessment- Upper limb (UL), Lower limb (LL)
• Neural Tissue Provocation Testing
• Gait Analysis/Posture and Gait re-education
• Special tests
• Articular and soft tissue structure palpation
• Passive accessory and physiological mobility tests
• Muscle strength and length tests
• Neurodynamic testing
• Functional Assessment
• Outcome Measures re: pain/function/mobility/balance
• Exercise Therapy (prescription and progression) - Physio tools
• Manual Therapy
• Taping techniques
• Electrotherapy modalities- Ultrasound, Interferential, TENS, SWD
• Application of braces – Donjoy, Taylor, Futura, Serola belt
• Prescription of safe technique in use of walking aids- frame, crutches, stick
• X-ray film view and interpretation, report access

Other goals Musculoskeletal Out-Patients
• To develop skills in communication, assessment and treatment of patients with a wide variety of musculoskeletal disorders
• To perform a spinal assessment
• To identify patients suitable for other locally available forms of intervention, e.g. hydrotherapy, pain management programme, exercise classes etc...
• To practice with peers e.g. skills in manual therapy, electrotherapy, exercise therapy, taping, neurodynamics
• To discuss the rationale for and demonstrate the application of commonly used clinical tests and how to identify danger signs i.e. red and yellow flags and appreciate the importance of same
• Background theoretical knowledge, e.g. orthopaedic procedures, soft tissue healing, disease processes, fracture management etc.
• Prescription and progression of appropriate exercise regimes
• Safely and effectively demonstrate and teach a variety of home exercise programmes including strengthening, stretching, mobilising exercises, balance and gait re-education
• Be able to apply variety of braces, showing an understanding of their clinical use
• Attend clinics/ hospital programmes e.g. Fracture Clinic, Back Pain Screening Clinic, hydrotherapy, rheumatology clinic, Women’s health clinic, etc.
• Attend and be involved in/ if possible lead an exercise classes e.g. general exercise class, stability class, relaxation class

2. ORTHOPAEDICS PLACEMENT

Clinical skills Orthopaedics
• Joint ROM (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Neurological Assessment UL/LL
• Gait Analysis
• Functional Assessment
• Outcome measures re: mobility/function/balance/pain
• Exercise Therapy (prescription and progression) –Physio Tools
• Use of appliances- CPM, sling suspension, hoist, standing frame, ergonomic devices e.g. philislide
• Application of braces – Donjoy, Taylor
• Mobilisation of patient Day 1 post orthopaedic procedure out of bed
• Posture and Gait re-education
• Prescription of safe technique in use of walking aids- frame, crutches, stick
• Safe negotiation of patient up/down stairs using crutches/stick
• X-ray film view and interpretation, report access
Other goals Orthopaedics

- Interpretation of radiographic films/ other tests and investigations
- Background theoretical knowledge, e.g. orthopaedic procedures
- Be able to apply variety of braces, showing an understanding of their clinical use
- Prescription and progression of appropriate exercise regimes
- Safely and effectively demonstrate and teach a variety of HEPs including strengthening, stretching, mobilising exercises, balance and gait re-education
- Safely and effectively demonstrate and teach the use of walking aids, transfers, balance, gait and functional re-education
- Attend operating theatre
- Attend occupational therapy hip class
- Attend clinics/ hospital programmes e.g. Fracture Clinic, Ilizarov Clinic, etc.
- Awareness of contra-indications to treatment/mobilisation
- Awareness of protocols/ weight-bearing status

3. RESPIRATORY PLACEMENT

Demonstrate a Basic Understanding of

- Possible expected signs and symptoms for the Medical and Surgical Patient with chest complications
- The implications of Chest x-ray (CXR) Findings
- Auscultation
- O2 Therapy
- Arterial blood gases
- Pulmonary function tests
- Pathophysiology of common Medical Respiratory Conditions
- Post-Operative Lung Physiology
- Post-Operative Risk Factors
- Pain Management
- Exercise Testing
- Drugs commonly used
- Working with Tracheostomy patients

Clinical Skills Respiratory

Demonstrate safe and effective application of clinical techniques with modification where necessary

- O2 Therapy
- Positioning
- Active cycle of breathing techniques (ACBT)
- Breathing Control
- Forced expiration technique (FET) and effective cough +/- wound support
- Percussion and Vibration
- Promotion of Exercise
- Promotion of Thoracic Mobility

If Appropriate:

- Suction
- Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BIPAP)
• Manual hyperinflation (MHI)

Other Objectives Respiratory
• Carry out an appropriate assessment of a patient with a Cardio-Respiratory disorder
• Accurately interpret the results of the Physiotherapeutic assessment and other tests.
• Demonstrate a problem solving approach to patient management
• Plan and implement an appropriate physiotherapeutic management programme
• Progress physiotherapeutic management according to individual needs
• Appreciate the psycho-social factors that influence patient management and discharge planning
• Evaluate the results of and effectively modify management programme using appropriate outcome measures where indicated.
• Accurately record assessment findings and treatment results
• Gain an appreciation of the Role of the MDT
• Using your time effectively, carry an appropriate caseload of patients according to your level
• Where possible, be involved in ongoing education on your placement site i.e. in-services, CXR conferences, case studies, article reviews

Intensive Care (ICU) Core Objectives
• Understand the importance of and need for routine procedures within the unit. ECG Patient Monitoring and Preventing Cross infection
• Be able to complete a physiotherapeutic ICU database encompassing the different body systems
• Be able to complete a respiratory and musculoskeletal assessment of the ICU patient
• Understand the implications of abnormal findings of results of tests, CXRs and observations
• Demonstrate an awareness and understanding of monitoring and support systems
• Demonstrate an awareness of the different methods of ventilation
• Demonstrate safety at all times with knowledge about and consideration for lines drips, drains and attachments.
• Implement an appropriate management programme utilising a clinical reasoning approach.

Clinical Skills ICU

Demonstrate safe and effective application of clinical techniques with modification where necessary
• O₂ Therapy
• Positioning
• ACBT
• Breathing Control
• FET and effective cough +/- wound support
• Percussion and Vibration
• Promotion of Exercise
• Promotion of Thoracic Mobility
• Suction
• BIPAP/ CPAP
• MHI
Other goals ICU

- Evaluate and reflect on the intervention outcomes
- Justify the choice of physiotherapeutic managements
- Understand the role of the MDT in ICU
- Understand the role of the physiotherapist in ICU/ Coronary Care Unit (CCU)/ High Dependency Unit (HDU)
- Demonstrate effective organisational and management skills

Demonstrate a Basic Understanding of

- Ischaemic Heart disease
- Myocardial Infarction (MI)
- Coronary Artery Bypass Graft (CABG)
- Angioplasty/ Cardiac Stent
- Valve Repair
- Thoracic Surgery: Lobectomy, Pnemonectomy, Pleurectomy
- Stable/ Unstable Angina
- Sternal Wound Infection
- Pre-op and Post-op protocols in use in your area
- Haemodynamic monitoring such as Heart Rate, Pulse Oximetry, Blood Pressure, Central Venous Pressure, Electrocardiograph (ECG), Cardiac Pacing, Swan Ganz,
- Cardiac investigations such as Angiogram, Echocardiogram (ECHO), Trans-oesophageal echo (TOE), Trans-thoracic echo (TTE)
- Understand the different phases of Cardiac Rehabilitation
- The role of exercise in chronic heart failure, post MI and post cardiac surgery.

Clinical techniques

Demonstrate safe and effective application of clinical techniques with modification where necessary

- Exercise Prescription for different patient populations
- Monitoring of Exercise Intensity
- Relaxation Techniques
- Warm up and Cool down principles.
- Correct use of glyceryl trinitrate (GTN) spray
- Flexibility Training in Cardiac Rehab
- Resistance Training in Cardiac Rehab

Other objectives for a cardiac rehab/cardio-thoracic placement

- If possible, aim to lead part of/one of the cardiac rehabilitation classes.
- Independently manage a cardiac/ thoracic surgical patient from admission to discharge.

4. NEUROLOGY/CARE OF THE OLDER PERSON PLACEMENT

Core Objectives

On completion of this placement the student will be able to:
• Have the skills necessary to gather appropriate information and complete a full neurological assessment by the end of week 2 of placement.
• Be able to interpret those findings to the satisfaction of practice tutors/educator and to devise an appropriate treatment plan with realistic short and long-term goals based on the problem list by week 3.
• Have a solid understanding of the main conditions and the pathological processes involved in the neurological conditions encountered throughout the placement
• Plan and implement a safe and effective treatment programme and be able to evaluate the effectiveness of the treatment programme and demonstrate the ability to modify it accordingly by week 3-4.

**Advance learning objectives for further placements in neurology and care of the older person:**

• To have the opportunity to develop further skills in treatment strategies for neurological conditions.
• To become an active member of the multidisciplinary team to optimise patient management in a holistic manner by week 3.
• To be self-directed in treatment and management of neurological patients by week 3-4.

**Spinal Cord Injury Placement**

**Demonstrate a basic understanding of:**

- Quadraplegia and Paraplegia, Complete Spinal cord injury (SCI) and Incomplete SCI
- Surgical and Conservative Management of SCI
- Complications of SCI e.g. Autonomic Dysreflexia, Heterotrophic Ossification
- “Normal movement principles” and “Postural control”
- The principles of splinting and the importance of positioning and maintaining range

**Core objectives Spinal Injury Placement**

• Apply a *problem solving approach* to assessment; from chart review to generation of a problem list, formulation of a treatment plan and application of outcome measures relevant to the spinal level of complete / incompleteness
• To be competent in assessing myotomes and dermatomes
• To be skilled in observation skills for movement analysis
• Demonstrate a problem solving approach to the management of patients with spinal cord injury.
• Demonstrate appropriate handling for facilitation and transferring of patients of all levels, complete or incomplete
• To be able to apply the principles of Sling suspension
• To have a range of tools to address balance and co-ordination
• To be able to apply normal movement principles in the management of spinal cord injury patients
• To be able to apply a working knowledge of “levels of lesion in complete SCI” and “proposed functional ability” in order to set goals for these patients
• To understand the principles of central pattern generators and be able to apply in treatment. -To experience a patient in the Locomat and understand the principles of its use.
Demonstrate an understanding of positioning for pressure sore, joint range and spasticity management
To be able to communicate effectively with patients, colleagues, MDT and family
To work as part of the spinal team, in liaison with supervisors and colleagues
To attend spinal conferences and discuss patient progress and goals with the multidisciplinary team
To actively participate in physiotherapy goal planning for the SCI service
To be able to assist in the discharge planning for patients:
To have an understanding of the equipment and discharge needs of the spinal cord injury population.
To have a basic understanding of considerations for wheelchair prescription.
To be able to generate a home exercise programme for a patient

Acquired Brain Injury Placement:

Demonstrate a basic understanding of:

- The pathological process involved in the neurological conditions being treated
- “Normal movement principles” and “Postural control”
- The importance of appropriate alignment for recruitment of activity
- Appropriate Seating and Positioning for postural alignment, pressure sore management, preventing contractures and spasticity management
- The principles of splinting and the importance of positioning and maintaining range

Core objectives Acquired Brain Injury Placement

- Apply a problem solving approach to assessment; from chart review to generation of a problem list, formulation of a treatment plan and application of outcome measures relevant to the Brain injury population
- To be skilled in observation skills for movement analysis
- To be able to draw from a range of appropriate outcome measures
- Demonstrate a problem solving approach to the management of patients with Acquired Brain Injury.
- To be able to apply normal movement principles in the management of brain injury patients
- Demonstrate appropriate and safe handling for transferring of patients of all levels of complexity
- Demonstrate handling for facilitation of appropriate functional activity
- To be able to safely and effectively implement and evaluate a treatment programme, and modify appropriately
- To have a range of tools to address balance and co-ordination
- To understand the principles of central pattern generators and be able to apply in gait re-education.
- To experience a patient in the Locomat and understand the principles of its use.
- To be able to communicate effectively with patients, colleagues, MDT and family
- To work as part of the brain injury team, in liaison with supervisors and colleagues
- To attend brain injury conferences and discuss patient progress and goals with the multidisciplinary team
- To actively participate in physiotherapy goal planning for the brain injury service
- To be an active participant in fortnightly journal club
- To be able to assist in the discharge planning for patients:
• To have an understanding of the equipment and discharge needs of the brain injury population.
• To have a basic understanding of considerations for wheelchair prescription.
• To be able to generate a home exercise programme for a patient in your care
• To be able to refer patients to follow up services as appropriate.

5. PAEDIATRICS

Core Objectives
• To engage and interact with a child new to the student and reflect on the method used.
• To use play to obtain co-operation and maintain interest of a child (placement ii-vi). Justify the play selected (placement v-vi)
• To communicate (under guidance placement ii-iv)(with decreasing guidance placement v-vi), a specific task to children that have speech and comprehension, are non-verbal or have a learning disability in order that they either perform the task correctly or co-operate as fully as possible.
• To evaluate and reflect on the intervention outcomes (placement ii-vi)
• To justify the choice of physiotherapeutic managements (placement v-vi).
• To teach the carer an exercise programme, therapeutic handling manoeuvre or explain a treatment rationale. (under guidance placement ii-iv) (independently placement v-vi) Reflect on the success of the session.
• To understand the roles of the other members of the MDT.
• To inform MDT of the child’s progress (under guidance placement ii-iv). Send appropriate reports, discharge letters and onward referral (placement v-vi)
• To demonstrate safe therapeutic handling of a variety of children (placement ii-iv) of increasing complexity (placement v-vi).
• Manage a child with cognisance of the varying developmental milestones (placement ii-vi). Reflect on the clinical practice (placement v-vi).

Paediatric Respiratory:

Demonstrate a Basic Understanding of
• Anatomical and physiological differences between adults and paediatrics
• Normal paediatric vital signs and values
• Paediatric indications and contraindications for treatment.
• Commonly encountered conditions – e.g.: CF, cardiac conditions, pneumonia, bronchiolitis, empyema
• Possible expected signs and symptoms for the Medical and Surgical Patient with chest complications
• The implications of CXR Findings
• Auscultation
• Positioning
• O₂ Therapy
• ABGs
• PFTs
• Pathophysiology of common Medical Respiratory Conditions
• Post-Operative Risk Factors
• Pain Management
• Exercise Testing – 6 minute walk test, shuttle test, BORG scale.
- Paediatric drugs commonly used (respiratory / cardiac / CF)
- Working with paediatric tracheostomy patient

**Paediatric Cardio-Thoracic Placement**

**Demonstrate a Basic Understanding of**

- The Normal Heart
- Congenital Heart Disease – Cyanotic Lesions, Acyanotic Lesions
- Incisions – Sternotomy, thoracotomy
- Thoracic Sx: Lobectomy, Pnemonectomy, Pleurectomy
- Haemodynamic monitoring such as HR, Pulse Oximetry, BP, CVP, ECG, Cardiac Pacing.
- Cardiac investigations such as ECHO / Cardic Cath
- The role of exercise post paediatric cardiac surgery.

**Clinical Skills Paediatric Respiratory / ICU**

- Demonstrate safe and effective application of clinical techniques with modification where necessary
- Auscultation
- O₂ Therapy
- Positioning
- ACBT
- Breathing Control
- FET and effective cough +/- wound support
- Percussion and Vibration
- PEP devices – PEP mask, flutter, acapella, bubble PEP.
- Promotion of age appropriate exercise
- Promotion of Thoracic Mobility
- Monitoring Exercise Intensity
- Relaxation Techniques

**If Appropriate:**

- Paediatric Suction
- CPAP and BIPAP
- Paediatric MHI

**Paediatric ICU Core Objectives**

- To complete a Paediatric Physiotherapy ICU Database including detailed surgery notes.
- To complete a Paediatric Respiratory ICU assessment.
- To understand the implications of abnormal findings of results of tests, CXRs and observations
- To demonstrate an awareness and understanding of monitoring and support systems
- To demonstrate an awareness of the different methods of ventilation
- To demonstrate safety at all times with knowledge about and consideration for lines, drips, drains and attachments.
- To implement an appropriate treatment plan utilising a clinical reasoning approach.

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Paediatric Burns and Plastics Placement**
Demonstrate a Basic Understanding of:
- The skin and healing.
- Burn pathophysiology.
- Burn care.
- Hand anatomy.

Paediatric Burns and Plastics Core Objectives
- To perform a burns assessment.
- To be knowledgeable about different types of burns, different types of grafts and types of dressings.
- To perform appropriate paediatrics burns rehabilitation.
- To perform a hand assessment.
- To be knowledgeable about tendon protocols (Belfast regime).
- To perform appropriate paediatric plastics / repairs rehabilitation.
- To attend dressing clinic, burns clinic, OT jobst clinic.

(under guidance placement ii-iv) (with decreasing guidance placement v-vi)

Clinical Skills Paediatric Burns and Plastics
- Joint ROM (Active and Passive) – Goniometry.
- Muscle Power testing – Oxford Scale.
- Gait Analysis/Posture and Gait re-ed.
- Functional Ax.
- Outcome Measures re: pain/function/mobility/balance.
- Age appropriate Exercise Therapy (prescription and progression).

Paediatric Neurology / Neurodevelopmental Placement:

Demonstrate Basic Understanding of:
- Normal child development from 0-5 years.
- Developmental Delay.
- Early CP – Classification etc.
- Paediatric acquired brain injury.
- Common genetic syndromes encountered (T21, Prader-Willi, Charge).
- Developmental Delay secondary to CHD / prolonged ventilation / protracted illness / failure to thrive / poor social circumstance.
- Risk factors for Preterm infants.
- Normal movement principles and postural control.
- Tone and what influences variance in tone.

Objectives Paediatric Neurology / Neurodevelopmental Placement:
- to complete a database for a neurodevelopmental assessment.
- to carry out a Neurodevelopmental assessment on child aged 0-5 years.
- to complete a database for a paediatric acquired brain injury.
- to use appropriate positioning, handling and treatment skills.
- to be able to recognise variations in tone.
- to demonstrate appropriate positioning, handling and HEP to parents and carers.
- to be aware of Outcome Measures used – Bayley (3rd Ed), Mvt ABC and GMFM.
• to devise an appropriate HEP
• to refer patients to appropriate community services
• to be aware of referral process/need for orthotic intervention
• to have a basic understanding of indications for seating / positioning / sleep systems
  prescription and referral process for same.
  (under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Neurology / Neurodevelopmental**

- Therapeutic handling / facilitation skills
- Observation skills for movement analysis
- Functional Ax skills
- Therapeutic handling / facilitation skills based on normal movement principles in the
  management of paediatric ABI.
- Therapeutic positioning skills.
- Gait Analysis/Posture and Gait re-ed
- Outcome Measures re: pain/function/mobility/balance
- Age appropriate Exercise Therapy ( prescription and progression)

**Paediatric Orthopaedics Placement**

**Demonstrate a Basic Understanding of:**

- Commonly encountered Paediatric Orthopaedic conditions – congenital limb
  deformities, scoliosis, SUFE, perthes, Osgood Schlatters, DDH, torticollis, congenital
  foot deformities, fractures, soft tissue injuries.
- Background theoretical knowledge, e.g. orthopaedic procedures, soft tissue healing,
  disease processes, fracture management etc.
- Normal paediatric orthopaedic variants.
- General Trauma.
- The MDT approach in the treatment of non-organic presentations

**Objectives Paediatric Orthopaedic Placement**

- To complete a database for a paediatric orthopaedic assessment
- To complete a basic paediatric musculoskeletal assessment
- To complete pre-op scoliosis muscle charting
- To be competent in post-op Ilizarov Physiotherapy Protocol
- To be competent in post-op Spinal Surgery Physiotherapy Protocol
- To be aware of Outcome Measures used.
- To devise an appropriate HEP
- To demonstrate / explain HEP to parents and child
- To attend Ponsetti Clinic
- To partake in the treatment of children with obesity.
- To participate in treatment approaches with children with pain amplification
  presentations
  (under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Orthopaedics**

- Joint ROM (Active and Passive) – Goniometry
- Muscle Power testing – Oxford Scale
- Neurological Ax UL/LL
• Gait Analysis/Posture and Gait re-education
• Muscle strength and length tests
• Functional Ax
• Outcome Measures re: pain/function/mobility/balance
• Age appropriate Exercise Therapy (prescription and progression)
• Manual Therapy
• Taping techniques
• Prescription of safe technique in use of walking aids, crutches, rollators etc.
• Safely and effectively demonstrate and teach a variety of HEPs including strengthening, stretching, mobilising exercises, balance and gait re-education

Paediatric Rheumatology Placement

Demonstrate Basic Understanding of:
• Juvenile Idiopathic Arthritis, Juvenile Dermatomyositis, Benign Hypermobility Syndrome
• The MDT approach in the management of Chronic Pain Syndrome in children
• Procedures following intra-articular joint injections
• Psychosocial impact of chronic diseases on a child’s life
• Community Organisations associated with Paediatric Rheumatology

Objectives Paediatric Rheumatology Placement
• To complete a database for a paediatric rheumatology assessment
• To complete a paediatric Rheumatology Assessment
• To complete a Pain Assessment
• To complete a Developmental Assessment
• To devise an appropriate HEP
• To demonstrate / explain HEP to parents and child
• To partake in hydrotherapy

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

Clinical Skills Paediatric Rheumatology
• Joint ROM (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Observation skills in relation to posture, particularly to deformities of joint
• Gait Analysis/Posture and Gait re-ed
• PGAL’s
• Muscle strength and length tests
• Functional Ax
• Rheumatology specific Outcome Measures - CHAQ, CMAS, timed sit to stand, Activity and restriction joints
• Outcome Measures re: pain/function/mobility/balance
• Age appropriate Exercise Therapy (prescription and progression)

Paediatric Haematology / Oncology Placement

Demonstrate Basic Understanding of:
• Paediatric malignant Haematology/Oncology. E.g.; Leukaemia and tumours
• Side effects of chemotherapy including myopathy, peripheral neuropathy and disuse atrophy
• Non-malignant haematology including Sickle Cell Disease, Haemophilia
• Bone Marrow Transplantation
• The contraindications to the treatment of Haematology and Oncology patients

Infection control procedures and precautions with immunocompromised patients

**Objectives Paediatric Haematology / Oncology Placement**

• To complete a database for a paediatric haematology / oncology assessment
• To complete a paediatric Haematology / Oncology Assessment with reference to presenting musculoskeletal, neurological / neurodevelopmental or respiratory problems
• To attend psychosocial, tumour board and case conference meetings
• To demonstrate safe and appropriate therapeutic positioning, handling and treatment skills of children
• To recognise/justify the links between clinical examination findings and disease process, medical intervention and patient age
• To be able to formulate and teach an age appropriate home exercise programme using Physiotools
• To practise and develop Gait Analysis skills and gait re-education through observation and video analysis
• Prescription of safe technique in use of mobility aids
• To communicate with and refer to follow up services as required

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Haematology / Oncology.**

• Joint Range of Movement (Active and passive) – Goniometry
• Muscle power testing – Oxford Scale
• Neurological assessment including special tests
• Observational skills for movement analysis
• Gait analysis
• Exercise therapy and prescription (age appropriate) – Physiotools
• Respiratory physiotherapy assessment and techniques
• Functional assessment skills
• Therapeutic handling and positional skills (age appropriate)
• Prescription of walking aids
### Appendix VIII TCD Pre-Placement Documentation Requirements for Practice Education 1 Module

<table>
<thead>
<tr>
<th>No.</th>
<th>Training/Knowledge requirement</th>
<th>Agency providing documentation/ testing or training</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TCD Garda vetting</td>
<td>TCD Academic Registration Office</td>
<td>Email confirmation from TCD</td>
</tr>
<tr>
<td>2</td>
<td>TCD Health Screening</td>
<td>TCD College Health</td>
<td>SITS check by Practice Education Co-ordinator/College Health</td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis B Vaccinations and Hep. B titre result</td>
<td>TCD College Health and / or GP</td>
<td>TCD Physiotherapy Hepatitis Vaccination Record (Yellow Form)/Blood results checked by Practice Education Co-ordinator</td>
</tr>
<tr>
<td>4</td>
<td>Manual Handling Training</td>
<td>MSK Systems Module by Dr Sara Dockrell</td>
<td>Cert from Dr Sara Dockrell</td>
</tr>
<tr>
<td>5</td>
<td>Heart Saver Training</td>
<td>TCD School of Nursing and Midwifery</td>
<td>Cert from School of Nursing and Midwifery</td>
</tr>
<tr>
<td>6</td>
<td>HSE Hand Hygiene online course</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>7</td>
<td>HSE Introduction to Child First course</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>8</td>
<td>HSE Data Protection course</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>9</td>
<td>HSE PPE in the acute healthcare setting</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>10</td>
<td>HSE PPE in the community healthcare setting</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>11</td>
<td>HSE Breaking the infection chain</td>
<td>HSELand online course</td>
<td>HSE Cert</td>
</tr>
<tr>
<td>13</td>
<td>TCD Information for Physiotherapy Students: Clinical Placements during the Pandemic</td>
<td>BB/emailed from Practice Education Co-ordinator</td>
<td>Return signed form</td>
</tr>
<tr>
<td>14</td>
<td>TCD COVID Risk Assessment Form</td>
<td>BB/emailed from Practice Education Co-ordinator</td>
<td>Return fully completed and signed from</td>
</tr>
<tr>
<td>15</td>
<td>Make Every Contact Count</td>
<td>Practice Education Lecture with Dr Emer Barrett/Online programme</td>
<td>Cert</td>
</tr>
</tbody>
</table>
Appendix VIII: Common Assessment Form

Discipline of Physiotherapy
Clinical Placement Assessment Form LEVEL 1

| Student Name | __________________________________________ |
| Name of Clinical Site | __________________________________________ |
| Clinical Specialty/Specialties | __________________________________________ |
| Dates of Placement | From ____________ To ____________ |
| No. of Days Absent | __________________ |
| Reason | __________________________________________ |
| Name of Practice Tutor | __________________________________________ |
| Name of Practice Educator | __________________________________________ |
| Name of Visiting Academic Staff | __________________________________________ |
| Date of Visit | __________________________________________ |

| P1 □ | P2 □ | P3 □ | P4 □ | P5 □ |

<table>
<thead>
<tr>
<th>Section</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment</td>
<td>/100</td>
</tr>
<tr>
<td>Patient Treatment / Management</td>
<td>/100</td>
</tr>
<tr>
<td>Professionalism</td>
<td>/90</td>
</tr>
<tr>
<td>Documentation</td>
<td>/40</td>
</tr>
<tr>
<td>Communication</td>
<td>/50</td>
</tr>
<tr>
<td>Total Mark</td>
<td>/380</td>
</tr>
</tbody>
</table>

Overall Placement Score | Overall Grade

It is the responsibility of the student to ensure that this form is completed and returned to the Practice Education Co-ordinator within one week of the placement.
I feel the following 3 needs should be addressed on subsequent placements
1. __________________________________________________________________________
   ____
2. __________________________________________________________________________
   ____
3. __________________________________________________________________________
   ____
Other Comments

I confirm that I have received feedback during the course of this placement and on this CAF

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Educators Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

CORU Registration Number:

GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

The assessment of the student’s performance is divided into two parts.

**Part 1** contains five areas of practice each of which contribute to the overall grade.

These comprise:

- Patient Assessment
- Patient Treatment/Management
- Professionalism
- Documentation
- Communication

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should have achieved by the end of the placement.

There are 10 learning outcomes in each of the areas of patient assessment, patient treatment/management and 9 learning outcomes for professionalism. There are 4 learning outcomes for documentation and 5 learning outcomes for communication.

For each of the learning outcomes, there are a number of expected behaviours, designed to help you decide if the learning outcome has been achieved at a particular level. This list of behaviours is not exhaustive but aims to guide you in assigning a mark.
The learning outcomes do not change from level one to level three, rather the *behaviours* change.

Assessment criteria for each area are given. You should apply these criteria to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. Forty percent reflects the minimum standard required of students to achieve a pass mark for any of the learning outcomes in that area. Within the first class honours grade, the mark 8 is reserved only for those students who are deemed to demonstrate outstanding achievement for their level in relation to the individual learning outcomes. When marking, it is essential to award the student a mark which most clearly reflects their achievement in relation to each individual learning outcome in each individual section.

In Level 1, when assessing the behaviours containing the words ‘With guidance’ it is essential to consider the amount of guidance the student required. If the student required the same guidance throughout the placement for a learning outcome, the mid placement and final placement marks/grade should be adjusted accordingly.

A mark is awarded at both midway and end of placement. Midway assessment should be based on the work completed within the first half of a placement and marked in the midway section. The final mark should be based primarily on the performance on the latter half of a placement. For shorter placements or for specific placement sites, midway marks can be allocated as a total mark for each section rather than for individual learning outcome.

The final mark is given in the last days of placement. However, this mark can be adjusted to reflect changes in behaviours which may occur up until and including the last day of placement.

Space is provided for both comments and a mark to be recorded at midway and at the end of the placement. On the front page space for any general comments you may wish to make and for comments by the student is also provided. Please complete and sign this at the end of the placement.

Both the Professionalism and the Documentation section have tick boxes which should be completed with a √ indicating agreement that the student has adhered to *all* the behaviours described or X the student has not adhered to the behaviours. If he student does not adhere to one or two of the behaviours by the end of the placement then X is indicated in the box and the area that needs improvement is clarified e.g. X non-compliant with c. This also applies for midway assessment.
A student must meet the following criteria to pass the placement: score > 40% overall & pass Part 2. Students who score < 40% overall \textbf{or} score < 40% in 2 or more sections of the evaluation form or who fail Part 2 are deemed to have failed the placement. \textbf{Anticipated failure in Part 1} should be identified as far as possible, discussed with the student and documented.

\textbf{Part 2} carries no marks but the student's performance must normally be satisfactory in order to pass the placement. Failure in part 2 should normally be preceded by a formal warning, which should be documented on the assessment form and discussed with the student following the specific incident(s).

\textbf{A record of clinical hours} is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. The student will complete the record but please monitor and sign that the record is accurate.

On the front page space for any general comments you wish to make is provided.

\textbf{NB} Both the Practice Educator and the Student must sign the form after feedback is given to the students on their performance. The Practice Educator must also sign the ‘Record of Clinical Hours’ page to confirm that the record of hours completed is accurate. It is the students’ responsibility to ensure these hours are recorded and totalled accurately. Students should complete the final table regarding time spend in different clinical areas before submitting this form to the Practice Education Co-ordinator.

<table>
<thead>
<tr>
<th>The Level 1 form should be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Level 2 form should be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 2</td>
</tr>
<tr>
<td>Placement 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Level 3 form should be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 4</td>
</tr>
<tr>
<td>Placement 5</td>
</tr>
</tbody>
</table>
**Clinical Experience Profile**

**Students are required to complete the table below for each placement.**

Information provided by students in this section gives a profile of the student's clinical experiences and includes hours completed in core areas of practice. Please complete the table below as accurately as possible considering all patients seen during the placement. In particular clinical areas such as paediatric, acute rehab, acute medical admission etc. require hours completed to be broken down into core areas of practice e.g. a care of the elderly placement may have Neuro. 170 hours, Resp. 20. If you have any questions in relation to this part of the form please contact the Practice Education Co-ordinator.

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Age Category</th>
<th>Clinical Setting</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiorespiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key:**

**Clinical Setting**

1. Acute hospital rehabilitation inpatients or outpatients or both.
2. Community based rehabilitation – please specify one or more of the following settings: school based care, disability service, primary care outpatient, home care, step-down rehabilitation unit/hospital, classes in community centers. Some placement may be a combination of these settings.
3. Specialised Services e.g. NRH, maternity hospitals.

**Age categories**

A. Adults 15-64 years
B. Elderly 65+
C. Paediatrics 0-14
<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL ONE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Demonstrate appropriate background knowledge</strong></td>
<td>a. Answers basic questions from educator/tutor on core clinical knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. With guidance justifies assessment with reference to core information presented in lectures and background reading.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Retrieve relevant information from available sources</strong></td>
<td>With guidance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Selects relevant information from available sources prior to initiation of assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Integrates this information into the subsequent assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Perform a subjective examination</strong></td>
<td>a. With guidance executes a logical and systematic interview in order to identify the patients main problem/s.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Avoids closed questioning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. With guidance generates useful information which is used to inform the subsequent objective examination.</td>
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<tr>
<td><strong>4. Perform an objective examination</strong></td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Explains purpose and format of objective assessment.</td>
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<td></td>
<td>b. Selects and performs appropriate assessment techniques.</td>
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<td>c. Selects and applies appropriate outcome measures.</td>
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<td></td>
<td>d. Maintains a safe environment.</td>
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<tr>
<td><strong>5. Demonstrate appropriate handling skills</strong></td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Positions self optimally when executing the subjective and objective examination.</td>
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<td></td>
<td>b. Adheres to documented site policy on manual handling.</td>
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<tr>
<td></td>
<td>c. Employs careful and reflective handling of patients during assessment.</td>
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<tr>
<td><strong>6. Ensure patient comfort and dignity during assessment</strong></td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Positions patients for their comfort and dignity during assessment.</td>
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<td></td>
<td>b. Minimises physical and psychological stress during assessment</td>
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<td>c. Uses appropriate touch during assessment.</td>
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<tr>
<td><strong>7. Interpret and evaluate assessment findings</strong></td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Identifies salient points from assessment.</td>
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<td></td>
<td>b. Relates clinical signs and symptoms to underlying pathology.</td>
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<td>c. Recognises typical patterns of clinical presentation.</td>
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<td></td>
<td>d. Can suggest factors which limit patient's ability to continue or comply with assessment tasks.</td>
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<tr>
<td></td>
<td>e. Formulates an appropriate problem list based on assessment findings.</td>
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<tr>
<td><strong>8. Plan a treatment programme</strong></td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Uses assessment findings to plan treatment.</td>
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<td></td>
<td>b. Suggests/Selects appropriate treatments.</td>
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<td></td>
<td>c. Sets appropriate priorities in planning treatment.</td>
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<tr>
<td><strong>9. Set realistic goals</strong></td>
<td>With <strong>guidance</strong> uses assessment findings to set appropriate short term and long term goals of treatment.</td>
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</tr>
</tbody>
</table>
   b. Maintains appropriately close proximity to patients during assessment.  
   c. Monitors patient response to assessment and modifies/discontinues assessment where patient safety is at risk. |
| **TOTAL MARK AWARDED** |   |
## Patient Assessment

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent level of relevant knowledge, understanding and synthesis. Demonstrates an excellent ability to retrieve patient information from relevant sources. Excellent standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates excellent practice in terms of safety and patient handling. Excellent and thorough interpretation and evaluation of assessment findings. Excellent ability to formulate a problem list and set realistic goals. Excellent ability to design a treatment plan with sound justification and can offer a broad repertoire of appropriate treatment techniques. Integrates reflective analytical and practical skills. Very high level of clinical reasoning skills. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good level of relevant knowledge, understanding and synthesis. Demonstrates a very good ability to retrieve patient information from relevant sources. Very good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates very good practice in terms of safety and patient handling. Very good and thorough interpretation and evaluation of assessment findings. Very good ability to formulate a problem list and set realistic goals. Designs a treatment plan with sound justification and can offer a repertoire of appropriate treatment techniques. Shows very good level of reflective, analytical and practical skills. High level of clinical reasoning skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of relevant knowledge, understanding and synthesis. Demonstrates a good ability to retrieve patient information from relevant sources. Good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Most of the time demonstrates good practice in terms of safety and patient handling. Good interpretation and evaluation of assessment findings. Good ability to formulate a problem list and set realistic goals. Designs a treatment plan with some justification and can suggest some appropriate treatment techniques. Shows good level of reflective, analytical and practical skills. Good clinical reasoning skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate level of relevant knowledge, understanding and synthesis but shows some shortfalls. Gathers most of necessary information but does not fully use all resources. Performs an adequate assessment but not always comprehensively, efficiently or appropriately. Demonstrates adequate practice in terms of safety and patient handling. Only satisfactory interpretation and evaluation of assessment findings. Some of the time has difficulty in formulating problem lists and setting realistic goals. Designs a treatment plan with some justification but has a limited repertoire of appropriate treatment techniques. Has difficulty in integrating reflective, analytical and practical skills. Adequate clinical reasoning skills.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Significant gaps in relevant knowledge, understanding and synthesis. Gathers insufficient or irrelevant information. Inadequate standard of assessment. Displays an inadequate standard with regard to safety and patient handling skills and requires maximum guidance. Demonstrates poor skills in the evaluation and interpretation of assessment findings. Inadequate ability to formulate a treatment plan. Inadequate repertoire of treatment techniques. Shows little improvement with guidance. Poor ability to integrate reflective, analytical and practical skills. Unsatisfactory clinical reasoning skills.</td>
</tr>
</tbody>
</table>

### Midway Comments
Final Comments
# Treatment/Management

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOIRS LEVEL ONE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this placement the student will:</td>
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<tr>
<td>1. Justify the treatment programme using evidence based practice</td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Able to explain the rationale for choice of treatment to supervisor /patient.</td>
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<td></td>
<td>b. Demonstrates evidence of links between theory and practice.</td>
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<td></td>
<td>c. Demonstrates an understanding of evidence based practice.</td>
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<tr>
<td>2. Implement a treatment programme accurately</td>
<td>a. Demonstrates selected basic treatment techniques accurately.</td>
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<td></td>
<td>b. Implements clinical/treatment instructions appropriately.</td>
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<td>3. Carry out treatment tasks within a reasonable time period</td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Manages his/her treatment time efficiently.</td>
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<td></td>
<td>b. Sets appropriate priorities in planning treatment.</td>
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<td></td>
<td>c. Carries out treatment tasks within a reasonable time period.</td>
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<tr>
<td>4. Educate patient appropriately</td>
<td>With guidance:</td>
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<td></td>
<td>a. Teaches aspects of management and care to patients in an effective manner.</td>
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<td>b. Writes down instructions e.g. HEPs for patients.</td>
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<td>c. Checks to see that the patient has understood.</td>
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<td>d. Teaches patients the safe use of selected aids and equipment e.g. wheelchairs and walking aids.</td>
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<td>5. Evaluate the effects of treatment</td>
<td>With guidance:</td>
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<td></td>
<td>a. Measures clinical outcome for own patients using defined subjective and objective markers.</td>
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<td></td>
<td>b. Appropriately assesses patient response to treatment techniques within a treatment session.</td>
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<tr>
<td>6. Modify treatment</td>
<td>With guidance adapts treatment techniques according to patients response.</td>
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<td>7. Manage the end of the patient care episode</td>
<td>With guidance:</td>
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<tr>
<td></td>
<td>a. Documents treatment summaries / discharge reports.</td>
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<td>b. Aware of onward referral requirements.</td>
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<td></td>
<td>b. Positions self optimally when treating patients.</td>
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<td>c. Demonstrates safety in the use of equipment under supervision</td>
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<td></td>
<td>b. Checks equipment conforms to patients needs.</td>
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<td>c. Ensures a safe environment during and after treatment.</td>
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<td></td>
<td>d. Always gives standard warnings to patients about treatments.</td>
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<td>e. Carries out standard checks on patients after treatment.</td>
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<td>f.</td>
<td>Consults with seniors and other staff before taking new or unfamiliar action in the clinical situation.</td>
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<td>g.</td>
<td>Acts and advises only within scope of practice.</td>
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</table>

| 10. Demonstrate an appreciation of a holistic approach to patient treatment and management |
|---|---|
| a. | Demonstrates an awareness of the role of physical, mental, emotional and social factors in a patient's condition. |
| b. | With guidance incorporates treatment approaches that aim to maintain and improve health rather than just treating at impairment level. |

| TOTAL MARK AWARDED |   |
### Treatment/Management

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Excellent ability to link theory and practice. Demonstrates an excellent standard of evidence based practice. Procedures are consistently applied accurately, efficiently and fluently. Interventions are tailored to meet the patient's specific needs and may be flexible, innovative and/or imaginative. Always manages time efficiently. Consistently excellent in explaining aspects of management and care to the patient. Excellent standard of evaluation of treatment. Procedures are consistently progressed accurately, efficiently and fluently. Consistently effective in managing the end of the patient care episode. Consistently demonstrates accurate and confident handling skills that are sensitive to the patients needs. Excellent awareness of safety issues at all times. Always aware of and adapts a holistic approach to patient management. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Very good ability to link theory and practice. Demonstrates a very good standard of evidence based practice. Procedures are applied accurately and efficiently with minimal prompting. Interventions are effective and flexible. Interventions are completed within an agreed time frame. Very good at explaining aspects of management and care to the patient. Demonstrates very good ability to carry out ongoing assessment and re-evaluation following some consultation. Procedures are progressed accurately and efficiently with minimal prompting. Manages the end of the patient care episode with minimal prompting. Demonstrates accurate and confident handling skills, preparing patient, self and environment appropriately. Demonstrates safe practice at all times. Aware of and adopts a holistic approach to patient management most of the time.</td>
</tr>
<tr>
<td><strong>2.2</strong> Score 5-5.9</td>
<td>Good ability to link theory and practice. Demonstrates a good standard of evidence based practice. Applies selected procedures accurately, with some prompting but lacks confidence in the selection of appropriate techniques. Most interventions are effective. Most interventions are completed within a reasonable time period. Good at explaining aspects of management and care to the patient. Demonstrates good ability to carry out ongoing assessment but requires some help in evaluating the treatment programme. Procedures are progressed accurately with prompting. Manages the end of the patient care episode with guidance. Handling skills are generally effective. Prepares patient, self and environment appropriately. Demonstrates safe practice. Aware of and adopts a holistic approach to patient management with guidance.</td>
</tr>
<tr>
<td><strong>3</strong> Score 4-4.9</td>
<td>Demonstrates some shortfalls in linking theory and practice but acceptable. Limited evidence of evidence based practice, lacking confidence in the justification of selected procedures. Applies procedures adequately but requires guidance in determining the aims of treatment and programme of treatment. Interventions may be poorly sequenced and / or incomplete. Experiences difficulties with time management. Adequate at explaining aspects of management and care to the patient. Requires a substantial amount of guidance with regard to the evaluation of treatment outcome. Difficulty with modifying / progressing treatment. Experiences difficulty in managing the end of the patient care episode and requires repeated assistance. Variable accuracy and some hesitancy demonstrated in the application of handling skills. Adheres to safe practice. With repeated assistance, is aware of and adopts a holistic approach to patient management.</td>
</tr>
<tr>
<td><strong>FAIL</strong> Score 0-3.9</td>
<td>Consistent shortfalls in linking theory and practice. Poor ability to demonstrate evidence based practice and make/ justify clinical decisions. Experiences considerable difficulty in the selection of appropriate techniques and requires maximum guidance and instruction. Procedures tend to be applied inadequately. Inaccurate and/or inappropriate treatments present much of the time. Demonstrates an inadequate standard in terms of treatment skills required for patient care despite guidance. Poor time management skills despite guidance. Fails to explain aspects of management and care to the patient despite guidance. Demonstrates consistently inadequate reassessment of patients despite guidance. Consistently fails to progress or modify treatment despite guidance. Poor ability to manage end of patient care episode despite guidance. Consistently poor handling skills demonstrated. Fails to...</td>
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</table>
adhere to principles of safe practice. Despite guidance, remains unaware of and does not adopt a holistic approach to patient management.

<table>
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<tr>
<th>Midway Comments</th>
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<tbody>
<tr>
<td>Final Comments</td>
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<tr>
<td>LEARNING OUTCOME</td>
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               b. Has basic knowledge of main conditions encountered on placement. |             |            |
| 2. Identify their own learning needs | a. With guidance can identify learning needs and areas for self improvement. |             |            |
| 3. Set learning outcomes for the placement | a. With guidance sets SMART learning outcomes relevant to the placement location and reviews progress and reflects on same. |             |            |
| 4. Demonstrate initiative and willingness to learn | a. Shows active interest through appropriate questioning.  
               b. Uses available opportunities for practice/learning. |             |            |
| 5. Act on and accept guidance and/or feedback | a. Modifies practice according to feedback.  
               b. Demonstrates an appropriate professional response to feedback. |             |            |
| 6. Demonstrate an awareness of their own limitations and seek help where necessary | a. Reports all findings to supervising clinician.  
               b. Discusses treatments and progression with supervisor prior to implementation. |             |            |
| 7. Prioritise and manage their caseload according to the needs of the department | a. Organises self in response to needs of department.  
               b. With guidance prioritises own patients appropriately.  
               c. With guidance takes responsibility for own patients. |             |            |
| 8. Recognise the role of the physiotherapist in the multidisciplinary team | a. Shows an awareness of organisational structure in the workplace.  
               b. Observes other members of MDT input in patient care, where appropriate  
               c. Identifies the physiotherapists' role in the multidisciplinary team. |             |            |
| 9. Demonstrate appropriate professional behaviours and attitudes | a. Dresses professionally according to local policy.  
               b. Is punctual for clinical duties and appointments.  
               c. Completes delegated tasks fully and properly.  
               d. With guidance uses initiative in dealing with difficult situations. |             |            |

**TOTAL MARK AWARDED**

| Maintain patient confidentiality | a. Complies with best practice in this area.  
                               a. Does not remove patient notes from the placement site.  
                               b. Does not have any identifying features on personal notes or reflections on patients. |             |            |
<table>
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<tr>
<th>Numerical band</th>
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<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Demonstrates evidence of excellent pre-placement preparation and ongoing preparation during placement. Demonstrates excellent awareness of own weaknesses and learning needs and acts on same. Requires minimal facilitation in setting and achieving placement objectives demonstrating evidence of continuous reflection and review of goals. Demonstrates excellent, independent ability to seek out opportunities for practice and learning. Excellent judgement in recognising personal limitations and always seeks help appropriately. Always modifies practice/behaviour in response to feedback. Maintains excellent patient confidentiality. Excellent management of own workload, demonstrating excellent responsibility for own patients and always keeps educator fully informed. Effective, proactive member of the MDT. Demonstrates excellent professional behaviour and attitudes. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Demonstrates evidence of very good pre-placement preparation and ongoing preparation during placement. Demonstrates very good awareness of own weaknesses and learning needs. Requires some facilitation in setting and achieving placement objectives although demonstrates evidence of continuous reflection and review of same. Demonstrates very good ability to seek out opportunities for practice and learning. Very good judgement in recognising personal limitations and seeks help appropriately. Modifies practice/behaviour in response to feedback most of the time. Maintains very good patient confidentiality. Very good management of own workload, demonstrating very good acceptance of responsibility for own patients. Keeps educator informed most of the time. Shows the ability to relate to all members of MDT. Very good professional behaviour and attitudes.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Demonstrates evidence of good pre-placement preparation and ongoing preparation during placement, but can occasionally lapse. Demonstrates good awareness of own weaknesses and learning needs although occasionally requires prompting. Requires facilitation in setting and achieving placement objectives and occasional prompting to review and reflect on same. Demonstrates good ability to seek out opportunities for practice and learning but may require prompting/encouragement. Good judgement in recognising personal limitations but may not always seek help when required. Modifies practice/behaviour in response to feedback most of the time but can need reminding. Maintains good patient confidentiality. Good management of own workload, demonstrating good acceptance of responsibility for own patients. May not always keep the educator informed about all patients all of the time. Can relate to all members of the MDT most of the time. Good professional behaviour and attitudes.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Demonstrates some evidence of pre-placement preparation and preparation during placement, but inconsistent. Demonstrates some awareness of own weaknesses and learning needs but requires prompting and some facilitation to progress these. Requires considerable facilitation in setting and achieving placement objectives and further facilitation/prompting to review and reflect on same. Demonstrates acceptable ability to seek out opportunities for practice and learning but requires a lot of prompting and encouragement. Limited but acceptable judgement in recognising personal limitations, does not always seek help when required but remains safe. Modifies practice/behaviour in response to feedback some of the time. Maintains acceptable patient confidentiality. Has difficulty managing workload and occasionally does not report back to educator. Demonstrates acceptance of responsibility for own patients. Can relate to some members of the MDT some of the time. Acceptable professional behaviour and attitudes.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Demonstrates some evidence of pre-placement preparation and preparation during placement, but inconsistent. Demonstrates some awareness of own weaknesses and learning needs but requires prompting and some facilitation to progress these. Requires considerable facilitation in setting and achieving placement objectives and further facilitation/prompting to review and reflect on same. Demonstrates acceptable ability to seek out opportunities for practice and learning but requires a lot of prompting and encouragement. Limited but acceptable judgement in recognising personal limitations, does not always seek help when required but remains safe. Modifies practice/behaviour in response to feedback some of the time. Maintains acceptable patient confidentiality. Has difficulty managing workload and occasionally does not report back to educator. Demonstrates acceptance of responsibility for own patients. Can relate to some members of the MDT some of the time. Acceptable professional behaviour and attitudes.</td>
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</tbody>
</table>
Demonstrates unsatisfactory pre-placement preparation and inadequate ongoing preparation. Unable to identify own weaknesses, learning needs and requires an unacceptable level of assistance in order to complete learning contract. Does not review or reflect on achievement of learning goals despite prompting. Demonstrates unsatisfactory ability to seek out opportunities for practice and learning. Unable to recognise personal limitations and does not seek help appropriately. Does not modify practice/behaviour in response to feedback. Unacceptable patient confidentiality. Reluctant to take on responsibility demonstrating difficulty managing workload and does not report back to educator adequately. Unsatisfactory in relating to MDT. Unacceptable or poor professional behaviour and attitudes.

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<tr>
<th>Final Comments</th>
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<tr>
<td>LEARNING OUTCOMES</td>
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<tr>
<td><strong>1. Document a comprehensive and appropriate database</strong></td>
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</tbody>
</table>
| a. Follows a systematic approach to writing the database.  
 b. Includes all components of a database relevant to the patient. |  |  |  |
| **2. Accurately record the assessment findings showing evidence of clinical reasoning** | **With Guidance**  
 a. Includes all relevant subjective findings.  
 b. Includes all relevant objective findings.  
 c. Records information in a logical manner.  
 d. Documents analysis of assessment and treatment |  |  |
| **3. Demonstrates evidence of clinical reasoning in documentation** | **With Guidance**  
 a. Includes all components of the POMR format in all notes.  
 b. Places information received under correct headings.  
 c. Understands sequence of POMR format.  
 d. Documents appropriate short and long term goals. |  |  |
| **4. Record clear, concise, legible notes that have appropriate use of abbreviations** | **With Guidance**  
 a. Writes concise and legible records.  
 b. Uses appropriate terminology/abbreviations. |  |  |

| TOTAL MARK AWARDED |  |  |  |

**Please tick √ or X as appropriate**

| Adhere to legal requirements and local guidelines regarding documentation/signature | **With Guidance**  
 a. Adheres to all national legal requirements.  
 b. Completes and signs all documentation as per local guidelines.  
 c. Ensures notes are countersigned by educator. Follows all local guidelines relating to storage of documentation. |  |  |

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## Documentation

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Excellent skills in the use of written communication. Evidence of excellent clinical reasoning in documentation. Consistently demonstrates outstanding ability in record keeping. Always independently documents full comprehensive and accurate POMR. Consistently keeps clear, concise, legible and appropriate records. Always conforms to national and local guidelines on documentation. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Very good documentation skills. Evidence of very good clinical reasoning in documentation. Keeps succinct and coherent POMR with all details required for most patients. Records are legible and appropriate but occasionally lack detail. Conforms to national and local guidelines on documentation.</td>
</tr>
<tr>
<td><strong>2.2</strong> Score 5-5.9</td>
<td>Good documentation skills. Evidence of good clinical reasoning in documentation. Correctly documents POMR with most detail required. Records are legible and appropriate but sometimes lack detail. Conforms to national and local guidelines on documentation most of the time.</td>
</tr>
<tr>
<td><strong>3</strong> Score 4-4.9</td>
<td>Adequate documentation skills. Evidence of adequate clinical reasoning in documentation. Creates POMR that contains inaccuracies and omits some important details. Needs prompting to correctly document a database and SOAP notes. Written communication sometimes difficult to read and inconcise. Adheres to national or local guidelines on documentation some of the time.</td>
</tr>
<tr>
<td><strong>FAIL</strong> Score 0-3.9</td>
<td>Unsatisfactory/poor documentation skills. Evidence of unsatisfactory clinical reasoning in documentation. Demonstrates persistently unsatisfactory/poor record keeping. Uncertain about merits of database. Fails to document POMR to a satisfactory level despite prompting. Most of the time lacks detail and frequently contains inaccuracies or may be illegible. Does not conform to national or local guidelines on documentation.</td>
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### Midway comments
Communication

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<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL ONE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this placement the student will:</td>
<td>a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Communicate effectively with the patient</td>
<td>b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with patients.</td>
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<tr>
<td></td>
<td>c. Explains the basic aspects of management and care to patient.</td>
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<tr>
<td></td>
<td>d. Respects the rights, dignity and individuality of the patient.</td>
<td></td>
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</tr>
<tr>
<td>2. Communicate effectively with the family/carer</td>
<td>a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with family/carer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with family/carer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Explains the basic aspects of management and care to family/carer.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>d. Respects the rights, dignity and individuality of the family/carer.</td>
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<td></td>
</tr>
<tr>
<td>3. Communicate effectively with physiotherapy colleagues</td>
<td>a. Demonstrates regular and timely communication with practice educator and physiotherapy colleagues.</td>
<td></td>
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<tr>
<td></td>
<td>b. Participates in and/ or initiates appropriate dialogue with practice educator and physiotherapy colleagues.</td>
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<td></td>
</tr>
<tr>
<td>4. Communicate effectively with MDT (e.g. ward staff, health professionals, administration staff, personnel, porters)</td>
<td>a. With guidance seeks and feeds back clinical information about patients and treatment information from ward staff.</td>
<td></td>
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<tr>
<td></td>
<td>b. Uses professional terminology in discussion with colleagues/ health professionals.</td>
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<tr>
<td>5. Demonstrate appropriate presentation skills</td>
<td>a. Gives talks/ case presentations to colleagues and other professionals.</td>
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<tr>
<td></td>
<td>b. Speaks audibly and clearly.</td>
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<tr>
<td></td>
<td>c. Shows evidence of preparation for presentations.</td>
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<tr>
<td></td>
<td>d. Attempts to answer questions on the topic</td>
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</tbody>
</table>

**TOTAL MARK AWARDED**

**NOTE:** If Learning Outcomes 2 and/ or 5 are not encountered by the student during placement, please place N/A in the mark box and note this change on the front page. The marks for this section will be readjusted.
Communication

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent communication skills. Always speaks so that the patient/carer is totally informed. Always aware of verbal and non-verbal communication skills. Always demonstrates respect for the rights, dignity and individuality of the patient. Excellent communicator with physiotherapy staff and expresses self clearly with colleagues and MDT. Excellent presentation skills with clear structure and clear evidence of background preparation. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good communication skills. Speaks so that the patient/carer is totally informed. Aware of verbal, non-verbal communication skills. Consistently shows ability to relate to all members of the MDT and respects the rights, dignity and individuality of the patient. Very good communicator with physiotherapy staff and MDT colleagues and supervisor. Very good presentation skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of communication skills. Speaks so that the patient/carer is informed most of the time. Demonstrates respect for the rights, dignity and individuality of the patient. Good communicator with physiotherapy staff and MDT colleagues. Could communicate better with supervisor. Needs to work actively at seeking/delivering information to get the most from the MDT. Good presentation skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate communication skills. Adequate communication with patient/carer. Inconsistently demonstrates respect for the rights, dignity and individuality of the patient. Needs encouragement to build up relationships within MDT. Does not always use other members of the MDT for information nor inform them of the physiotherapy input. Presentations skills weak, needing more work at preparation and structure.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Unsatisfactory level of communication skills. Unsatisfactory communication with patient/carer. Little evidence of ability to respect the rights, dignity and individuality of patients. Poor at relating to physiotherapy colleagues and keeping senior fully informed despite verbal instructions. Little evidence of interaction with MDT. Poor presentation skills, demonstrating poor preparation and structure.</td>
</tr>
</tbody>
</table>

**Midway Comments**
PART 2
This section carries no marks. Students’ performance must normally be satisfactory on all aspects of Part 2 in order to pass the placement. Failure of either section in Part 2 will normally override Part 1 of the assessment and cause the student to fail the placement.

Has the student completed their planned and unplanned learning activities and discussed it with their Practice Educator/Tutor? □ Yes □ No □

A record of warnings must be completed in situations where there are significant concerns relating to safety or professional behaviour.

SAFETY

Pass □ Fail □

Fail:
Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling). Is unaware of or disregards the contraindications of treatment. Applies treatment techniques and handling skills in a way which puts patient and/or self at risk. Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints. Persists in unsafe practice despite verbal instruction and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.

PROFESSIONAL BEHAVIOR

Pass □ Fail □

Students should follow the Rules of Professional Conduct of the Irish Society of Chartered Physiotherapists.

Fail:
Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Demonstrates persistently poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. May exploit the mutual trust and respect inherent within a therapeutic relationship. Persists in unprofessional behaviour despite verbal instructions and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.
RECORD OF CLINICAL HOURS COMPLETED
It is the students’ responsibility to endure these hours are recorded and totalled accurately

STUDENT NAME______________________________________________ Year

<table>
<thead>
<tr>
<th>Placement Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
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<td>Week 6</td>
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<td>Week 7</td>
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<td>Date</td>
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</tbody>
</table>

*Lunch breaks do not contribute to the total hours completed.*

I confirm that this is an accurate record of the clinical hours completed by the student.

PRACTICE EDUCATOR/TUTOR NAME
________________________________________

PE/PT SIGNATURE _______________________________ CORU REG
________________________________________
Common Assessment Form LEVEL 2

Student Name
___________________________________________

Name of Clinical Site
_____________________________________________

Clinical Specialty/Specialties
_____________________________________________

Dates of Placement From _________________
To_______________________
No. of Days Absent _______________ Reason
_________________________________

Name of Practice Tutor
__________________________________________________

Name of Practice Educator
__________________________________________________

Name of Visiting Academic Staff __________________________ Date of Visit

P1 □  P2 □  P3□  P4□  P5□

<table>
<thead>
<tr>
<th>Section</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment</td>
<td>/100</td>
</tr>
<tr>
<td>Patient Treatment /</td>
<td>/100</td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>/90</td>
</tr>
<tr>
<td>Documentation</td>
<td>/40</td>
</tr>
<tr>
<td>Communication</td>
<td>/50</td>
</tr>
<tr>
<td>Total Mark</td>
<td>/380</td>
</tr>
</tbody>
</table>

Overall Placement Score ☐ ☐       Overall ☐ ☐ Grade

It is the responsibility of the student to ensure that this form is completed and returned to the Practice Education Co-ordinator within one week of the placement.

I feel the following three areas should be addressed on subsequent placements
1. __________________________________________

2. __________________________________________

3. __________________________________________


Other Comments

| I confirm that I have received feedback during the course of this placement and on this CAF |
|-----------------------------------|-----------------------------------|
| Student Signature: | Date: |
| Practice Educators Signature: | Date: |
| CORU Registration Number: |
GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

The assessment of the student’s performance is divided into two parts.

**Part 1** contains five areas of practice each of which contribute to the overall grade. These comprise:

- Patient Assessment
- Patient Treatment/Management
- Professionalism
- Documentation
- Communication

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should have achieved by the end of the placement.

There are 10 learning outcomes in each of the areas of patient assessment, patient treatment/management and 9 for professionalism. There are 4 learning outcomes for documentation and 5 for communication.

For each of the learning outcomes, there are a number of expected behaviours, designed to help you decide if the learning outcome has been achieved at a particular level. This list of behaviours is not exhaustive but aims to guide you in assigning a mark. The learning outcomes do not change from level one to level three, rather the behaviours change.

Assessment criteria for each area are given. You should apply these criteria to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. Forty percent reflects the minimum standard required of students to achieve a pass mark for any of the learning outcomes in that area. Within the first class honours grade, the mark 7 is reserved only for those students who are deemed to demonstrate outstanding achievement for their level in relation to the individual learning outcomes. When marking, it is essential to award the student a mark which most clearly reflects their achievement in relation to each individual learning outcome in each individual section.

A mark is awarded at both midway and end of placement. Midway assessment should be based on the work completed within the first half of a placement and marked in the midway section. The final mark should be based primarily on the performance on the latter half of a placement. For shorter placements or for specific placement sites, midway marks can be allocated as a total mark for each section rather than for individual learning outcome.
The final mark is given in the last days of placement. However, this mark can be adjusted to reflect changes in behaviours which may occur up until and including the last day of placement.

Space is provided for both comments and a mark to be recorded at midway and at the end of the placement. On the front page space for any general comments you may wish to make and for comments by the student is also provided. Please complete and sign this at the end of the placement. Both the Professionalism and the Documentation section have tick boxes which should be completed with a √ indicating agreement that the student has adhered to all the behaviours described or X the student has not adhered to the behaviours. If he student does not adhere to one or two of the behaviours by the end of the placement then X is indicated in the box and the area that needs improvement is clarified e.g. X non-compliant with c. This also applies for midway assessment.

A student must meet the following criteria to pass the placement: score > 40% overall & pass Part 2. Students who score < 40% overall or score < 40% in 2 or more sections of the evaluation form or who fail Part 2 are deemed to have failed the placement. Anticipated failure in Part 1 should be identified as far as possible, discussed with the student and documented.

**Part 2** carries no marks but the student’s performance must normally be satisfactory in order to pass the placement. Failure in part 2 should normally be preceded by a formal warning, which should be documented on the assessment form and discussed with the student following the specific incident(s).

A record of clinical hours is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. The student will complete the record but please monitor and sign that the record is accurate.

On the front page space for any general comments you wish to make is provided.

**NB Both the Practice Educator and the Student must sign the form after feedback is given to the students on their performance. The Practice Educator must also sign the ‘Record of Clinical Hours’ page to confirm that the record of hours completed is accurate. It is the students’ responsibility to ensure these hours are recorded and totalled accurately. Students should complete the final table regarding time spend in different clinical areas before submitting this form to the Practice Education Coordinator.**
The **Level 1** form should be used for:
Placement 1

The **Level 2** form should be used for:
Placement 2
Placement 3

The **Level 3** form should be used for:
Placement 4
Placement 5
Clinical Experience Profile

Students are required to complete the table below for each placement.
Information provided by students in this section gives a profile of the student’s clinical experiences and includes hours completed in core areas of practice. Please complete the table below as accurately as possible considering all patients seen during the placement. In particular clinical areas such as paediatric, acute rehab, acute medical admission etc. require hours completed to be broken down into core areas of practice e.g. a care of the elderly placement may have Neuro. 170 hours, Resp. 20. If you have any questions in relation to this part of the form please contact the Practice Education Co-ordinator.

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Age Category</th>
<th>Clinical Setting</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
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<tr>
<td>Neurology</td>
<td></td>
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<tr>
<td>Cardiorespiratory</td>
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<tr>
<td>Other (please state)</td>
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</tbody>
</table>

Key:
Clinical Setting

4. Acute hospital rehabilitation inpatients or outpatients or both.
5. Community based rehabilitation – please specify one or more of the following settings: school based care, disability service, primary care outpatient, home care, step-down rehabilitation unit/hospital, classes in community centers. Some placement may be a combination of these settings.
6. Specialised Services e.g. NRH, maternity hospitals.

Age categories

D. Adults 15-64 years
E. Elderly 65+
F. Paediatrics 0-14
### Patient Assessment

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL TWO</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **1. Demonstrate appropriate background knowledge** | a. Answers questions from educator/tutor on core clinical knowledge and skills.  
b. Justifies assessment with reference to theoretical concepts and available evidence appropriate to his/her experience. | | |
| **2. Retrieve relevant information from available sources** | a. Selects all relevant information from all available sources prior to initiation of assessment.  
b. Integrates this information into subsequent assessment.  
c. Has a clear understanding of the patient’s presenting complaint and management. | | |
| **3. Perform a subjective examination** | a. Executes a logical, systematic and comprehensive interview to identify and elucidate the patients problem/s.  
b. Avoids closed questioning.  
c. Generates pertinent information which informs the subsequent objective examination.  
d. Exhibits some flexibility in enquiry in response to patient cues. | | |
| **4. Perform an objective examination** | a. Explains purpose and format of objective assessment.  
b. Selects and applies appropriate assessment techniques.  
c. Selects and accurately applies appropriate outcome measures.  
d. Maintains a safe environment. | | |
| **5. Demonstrate appropriate handling skills** | d. Appropriately positions self when executing the subjective and objective examination.  
e. Adheres to documented site policy on manual handling.  
f. Employs careful and reflective handling of patients during assessment.  
g. Allows adequate recovery time following provocative manoeuvres. | | |
b. Minimises physical and psychological stress during assessment.  
c. Uses appropriate touch during assessment. | | |
| **7. Interpret and evaluate assessment findings** | a. Identifies salient points from assessment.  
b. Relates clinical signs and symptoms to underlying pathology.  
c. Recognises typical patterns of clinical presentation.  
d. Can suggest factors which limit patient’s ability to continue or comply with assessment tasks.  
e. Formulates an appropriate problem list based on assessment findings. | | |
b. Selects appropriate treatments.  
c. Sets appropriate priorities in planning treatment. | | |
9. Set realistic goals
   a. Uses assessment findings to set appropriate, SMART short term and long term goals of treatment.
   b. Predicts possible clinical outcomes on the basis of background knowledge of disease processes and experience.

10. Perform assessment safely
   a. Identifies and clears hazards in environment prior to and during assessment.
   b. Maintains appropriately close proximity to patients during assessment.
   c. Monitors patient response to assessment and modifies/discontinues assessment where patient safety is at risk.

TOTAL MARK AWARDED

Patient Assessment

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent level of relevant knowledge, understanding and synthesis. Demonstrates an excellent ability to retrieve patient information from relevant sources. Excellent standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates excellent practice in terms of safety and patient handling. Excellent and thorough interpretation and evaluation of assessment findings. Excellent ability to formulate a problem list and set realistic goals. Excellent ability to design a treatment plan with sound justification and can offer a broad repertoire of appropriate treatment techniques. Integrates reflective analytical and practical skills. Very high level of clinical reasoning skills. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good level of relevant knowledge, understanding and synthesis. Demonstrates a very good ability to retrieve patient information from relevant sources. Very good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates very good practice in terms of safety and patient handling. Very good and thorough interpretation and evaluation of assessment findings. Very good ability to formulate a problem list and set realistic goals. Designs a treatment plan with sound justification and can offer a repertoire of appropriate treatment techniques. Shows very good level of reflective, analytical and practical skills. High level of clinical reasoning skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of relevant knowledge, understanding and synthesis. Demonstrates a good ability to retrieve patient information from relevant sources. Good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Most of the time demonstrates good practice in terms of safety and patient handling. Good interpretation and evaluation of assessment findings. Good ability to formulate a problem list and set realistic goals. Designs a treatment plan with some justification and can suggest some appropriate treatment techniques. Shows good level of reflective, analytical and practical skills. Good clinical reasoning skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate level of relevant knowledge, understanding and synthesis but shows some shortfalls. Gathers most of necessary information but does not fully use all resources. Performs an adequate assessment but not always comprehensively, efficiently or appropriately. Demonstrates adequate practice in terms of safety and patient handling. Only satisfactory interpretation and evaluation of assessment findings. Some of the time has difficulty in formulating problem lists and setting realistic goals. Designs a treatment plan with some justification but has a limited repertoire of appropriate treatment techniques. Has difficulty in integrating reflective, analytical and practical skills. Adequate clinical reasoning skills.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Significant gaps in relevant knowledge, understanding and synthesis. Gathers insufficient or irrelevant information. Inadequate standard of assessment. Displays an inadequate standard with regard to safety and patient handling skills and requires maximum guidance. Demonstrates poor skills in the evaluation and interpretation of assessment findings. Inadequate ability to formulate a treatment plan. Inadequate repertoire of treatment techniques. Shows little improvement with guidance. Poor ability to integrate reflective, analytical and practical skills. Unsatisfactory clinical reasoning skills.</td>
</tr>
<tr>
<td><strong>Midway Comments</strong></td>
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<tr>
<th><strong>Final Comments</strong></th>
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</table>
### Treatment/Management

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL TWO</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **1. Justify the treatment programme using evidence based practice**           | a. Able to explain the rationale for choice of treatment to supervisor/patient.  
b. Demonstrates sound links between theory and practice.  
c. Demonstrates an understanding and application of evidence based practice.                                                                                      |                 |                 |
| **2. Implement a treatment programme accurately**                               | a. Demonstrates competence in treatment techniques.  
b. Implements a range of skills to treat patients within a specific clinical context.  
c. Implements clinical/treatment instructions appropriately.                                                                                             |                 |                 |
| **3. Carry out treatment tasks within a reasonable time period**                 | a. Manages his/her treatment time efficiently.  
b. Sets appropriate priorities in planning treatment.  
c. Carries out treatment tasks within a reasonable time period.                                                                                         |                 |                 |
| **4. Educate patient appropriately**                                            | a. Teaches aspects of management and care to patients in an effective manner.  
b. Writes down instructions e.g. HEPs for patients.  
c. Checks to see that the patient has understood.  
d. Educates patients to promote self-care.                                                                                                            |                 |                 |
| **5. Evaluate the effects of treatment**                                        | a. Measures clinical outcome for own patients using defined subjective and objective markers.  
b. Appropriately assesses patient response to treatment techniques within a treatment session.  
c. Analyses the reasons behind success or failure of treatment interventions.                                                                            |                 |                 |
| **6. Modify treatment**                                                         | a. Adapts treatment techniques according to patients response.                                                                                                                                                        |                 |                 |
| **7. Manage the end of the patient care episode**                               | a. Documents treatment summaries/discharge reports.  
b. Recognises when basic discharge criteria have been met.  
c. Aware of onward referral requirements and organises onward referral following discussion with clinician.                                               |                 |                 |
b. Positions self optimally when treating patients.  
c. Demonstrates safe, efficient use of a variety of pieces of manual handling equipment.                                                               |                 |                 |
b. Checks equipment conforms to patients needs.  
c. Ensures a safe environment during and after treatment.  
d. Always gives standard warnings to patients about treatments.                                                                                   |                 |                 |
<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>e.</td>
<td>Carries out standard checks on patients after treatment.</td>
</tr>
<tr>
<td>f.</td>
<td>Consults with seniors and other staff before taking new or unfamiliar action in the clinical situation.</td>
</tr>
<tr>
<td>g.</td>
<td>Acts and advises only within scope of practice.</td>
</tr>
<tr>
<td>10. <strong>Demonstrate an appreciation of a holistic approach to patient treatment and management</strong></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Understands the influences of the role of physical, mental, emotional and social factors in a patient's condition.</td>
</tr>
<tr>
<td>b.</td>
<td>Incorporates treatment approaches that aim to maintain and improve health rather than just treating at impairment level.</td>
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<tr>
<td><strong>TOTAL MARK AWARDED</strong></td>
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</table>
### Treatment/Management

<table>
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<th>Numeric al band</th>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>1 Score 7-10</strong></td>
<td>Excellent ability to link theory and practice. Demonstrates an excellent standard of evidence based practice. Procedures are consistently applied accurately, efficiently and fluently. Interventions are tailored to meet the patient's specific needs and may be flexible, innovative and/or imaginative. Always manages time efficiently. Consistently excellent in explaining aspects of management and care to the patient. Excellent standard of evaluation of treatment. Procedures are consistently progressed accurately, efficiently and fluently. Consistently effective in managing the end of the patient care episode. Consistently demonstrates accurate and confident handling skills that are sensitive to the patients needs. Excellent awareness of safety issues at all times. Always aware of and adapts a holistic approach to patient management. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td><strong>2.1 Score 6-6.9</strong></td>
<td>Very good ability to link theory and practice. Demonstrates a very good standard of evidence based practice. Procedures are applied accurately and efficiently with minimal prompting. Interventions are effective and flexible. Interventions are completed within an agreed time frame. Very good at explaining aspects of management and care to the patient. Demonstrates very good ability to carry out ongoing assessment and re-evaluation following some consultation. Procedures are progressed accurately and efficiently with minimal prompting. Manages the end of the patient care episode with minimal prompting. Demonstrates accurate and confident handling skills, preparing patient, self and environment appropriately. Demonstrates safe practice at all times. Aware of and adopts a holistic approach to patient management most of the time.</td>
</tr>
<tr>
<td><strong>2.2 Score 5-5.9</strong></td>
<td>Good ability to link theory and practice. Demonstrates a good standard of evidence based practice. Applies selected procedures accurately, with some prompting but lacks confidence in the selection of appropriate techniques. Most interventions are effective. Most interventions are completed within a reasonable time period. Good at explaining aspects of management and care to the patient. Demonstrates good ability to carry out ongoing assessment but requires some help in evaluating the treatment programme. Procedures are progressed accurately with prompting. Manages the end of the patient care episode with guidance. Handling skills are generally effective. Prepares patient, self and environment appropriately. Demonstrates safe practice. Aware of and adopts a holistic approach to patient management with guidance.</td>
</tr>
<tr>
<td><strong>3 Score 4-4.9</strong></td>
<td>Demonstrates some shortfalls in linking theory and practice but acceptable. Limited evidence of evidence based practice, lacking confidence in the justification of selected procedures. Applies procedures adequately but requires guidance in determining the aims of treatment and programme of treatment. Interventions may be poorly sequenced and / or incomplete. Experiences difficulties with time management. Adequate at explaining aspects of management and care to the patient. Requires a substantial amount of guidance with regard to the evaluation of treatment outcome. Difficulty with modifying / progressing treatment. Experiences difficulty in managing the end of the patient care episode and requires repeated assistance. Variable accuracy and some hesitancy demonstrated in the application of handling skills. Adheres to safe practice. With repeated assistance, is aware of and adopts a holistic approach to patient management.</td>
</tr>
<tr>
<td><strong>FAIL Score 0-3.9</strong></td>
<td>Consistent shortfalls in linking theory and practice. Poor ability to demonstrate evidence based practice and make/ justify clinical decisions. Experiences considerable difficulty in the selection of appropriate techniques and requires maximum guidance an instruction. Procedures tend to be applied inadequately. Inaccurate and/or inappropriate treatments present much of the time. Demonstrates an inadequate standard in terms of treatment skills required for patient care despite guidance. Poor time management skills despite guidance. Fails to explain aspects of management and care to the patient despite guidance. Demonstrates consistently inadequate reassessment of patients despite guidance. Consistently fails to progress or modify treatment despite guidance. Poor ability to manage end of patient care episode despite guidance. Consistently poor handling skills demonstrated. Fails to adhere to principles of safe practice. Despite guidance, remains unaware of and does not adopt a holistic approach to patient management.</td>
</tr>
</tbody>
</table>
**Midway Comments**

**Final Comments**

**Professionalism**

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL TWO</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
   b. Has identified needs from previous placement.  
   c. Has comprehensive knowledge of main conditions encountered on placement. | | |
| **2. Identify their own learning needs** | a. Can identify individual learning needs and areas for development.  
   b. Begins to use a reflective approach to practice. | | |
| **3. Set learning outcomes for the placement** | a. Sets SMART learning outcomes relevant to the placement location and reviews progress and reflects on same.  
   b. Following discussion with educator reviews and modifies learning outcomes appropriately.  
   c. Documents ongoing evidence of evaluation of goals and/ or additional needs | | |
| **4. Demonstrate initiative and willingness to learn** | a. Shows active interest through appropriate questioning.  
   b. Seeks out available opportunities for practice/learning. | | |
| **5. Act on and accept guidance and/or feedback** | a. Modifies practice according to feedback.  
   b. Demonstrates appropriate, professional response to feedback. | | |
| **6. Demonstrate an awareness of their own limitations and seek help where necessary** | a. Reports findings to supervising clinician.  
   b. Can identify strengths and weaknesses in discussion with supervisor and seeks to address these.  
   c. Discusses new treatments and conditions with supervisor prior to implementation. | | |
| **7. Prioritise and manage their caseload according to the needs of the department** | a. Organises self in response to needs of department.  
   b. With guidance prioritises case load appropriately. | | |
<table>
<thead>
<tr>
<th>8. Recognise the role of the physiotherapist in the multidisciplinary team</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Recognises and respects the roles of physiotherapists as part of the multidisciplinary team and initiates communication as appropriate.</td>
</tr>
<tr>
<td>b. Seeks out appropriate learning opportunities with other MDT members where possible.</td>
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<tr>
<td>c. Is aware of organisational structure of the workplace.</td>
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<tr>
<th>9. Demonstrate appropriate professional behaviours and attitudes</th>
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<tbody>
<tr>
<td>a. Dresses professionally according to local policy.</td>
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<tr>
<td>b. Is punctual for clinical duties and appointments.</td>
</tr>
<tr>
<td>c. Completes delegated tasks fully and properly.</td>
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<tr>
<td>d. With guidance uses initiative in dealing with difficult situations.</td>
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</tbody>
</table>

**TOTAL MARK AWARDED**

**Please tick √ or X as appropriate**

<table>
<thead>
<tr>
<th>Maintain patient confidentiality</th>
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</thead>
<tbody>
<tr>
<td>a. Complies with best practice in this area.</td>
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<tr>
<td>b. Does not remove patient notes from the placement site.</td>
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<tr>
<td>c. Does not have any identifying features on personal notes or reflections on patients.</td>
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</tbody>
</table>
### Professionalism

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Demonstrates evidence of excellent pre-placement preparation and ongoing preparation during placement. Demonstrates excellent awareness of own weaknesses and learning needs and acts on same. Requires minimal facilitation in setting and achieving placement objectives demonstrating evidence of continuous reflection and review of goals. Demonstrates excellent, independent ability to seek out opportunities for practice and learning. Excellent judgement in recognising personal limitations and always seeks help appropriately. Always modifies practice/behaviour in response to feedback. Maintains excellent patient confidentiality. Excellent management of own workload, demonstrating excellent responsibility for own patients and always keeps educator fully informed. Effective, proactive member of the MDT. Demonstrates excellent professional behaviour and attitudes. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Demonstrates evidence of very good pre-placement preparation and ongoing preparation during placement. Demonstrates very good awareness of own weaknesses and learning needs. Requires some facilitation in setting and achieving placement objectives although demonstrates evidence of continuous reflection and review of same. Demonstrates very good ability to seek out opportunities for practice and learning. Very good judgement in recognising personal limitations and seeks help appropriately. Modifies practice/behaviour in response to feedback most of the time. Maintains very good patient confidentiality. Very good management of own workload, demonstrating very good acceptance of responsibility for own patients. Keeps educator informed most of the time. Shows the ability to relate to all members of MDT. Very good professional behaviour and attitudes.</td>
</tr>
<tr>
<td><strong>2.2</strong> Score 5-5.9</td>
<td>Demonstrates evidence of good pre-placement preparation and ongoing preparation during placement, but can occasionally lapse. Demonstrates good awareness of own weaknesses and learning needs although occasionally requires prompting. Requires facilitation in setting and achieving placement objectives and occasional prompting to review and reflect on same. Demonstrates good ability to seek out opportunities for practice and learning but may require prompting/ encouragement. Good judgement in recognising personal limitations but may not always seek help when required. Modifies practice/behaviour in response to feedback most of the time but can need reminding. Maintains good patient confidentiality. Good management of own workload, demonstrating good acceptance of responsibility for own patients. May not always keep the educator informed about all patients all of the time. Can relate to all members of the MDT most of the time. Good professional behaviour and attitudes.</td>
</tr>
<tr>
<td><strong>3</strong> Score 4-4.9</td>
<td>Demonstrates some evidence of pre-placement preparation and preparation during placement, but inconsistent. Demonstrates some awareness of own weaknesses and learning needs but requires prompting and some facilitation to progress these. Requires considerable facilitation in setting and achieving placement objectives and further facilitation/ prompting to review and reflect on same. Demonstrates acceptable ability to seek out opportunities for practice and learning but requires a lot of prompting and encouragement. Limited but acceptable judgement in recognising personal limitations, does not always seek help when required but remains safe. Modifies practice/behaviour in response to feedback some of the time. Maintains acceptable patient confidentiality. Has difficulty managing workload and occasionally does not report back to educator. Demonstrates acceptance of responsibility for own patients. Can relate to some members of the MDT some of the time. Acceptable professional behaviour and attitudes.</td>
</tr>
<tr>
<td><strong>FAIL</strong> Score 0-3.9</td>
<td>Demonstrates unsatisfactory pre-placement preparation and inadequate ongoing preparation. Unable to identify own weaknesses, learning needs and requires an unacceptable level of assistance in order to complete learning contract. Does not review or reflect on achievement of learning goals despite prompting. Demonstrates unsatisfactory ability to seek out opportunities for practice and learning. Unable to recognise personal limitations and does not seek help appropriately. Does not modify practice/behaviour in response to feedback. Unacceptable patient confidentiality. Reluctant to take on responsibility demonstrating difficulty managing workload and does not report back to educator adequately. Unsatisfactory in relating to MDT. Unacceptable or poor professional behaviour and attitudes.</td>
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<td>Midway Comments</td>
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<tr>
<th>Final Comments</th>
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## Documentation

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL 2</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
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<tbody>
<tr>
<td>By the end of the placement the student will:</td>
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<td></td>
<td><strong>1. Document a comprehensive and appropriate database</strong></td>
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<tr>
<td>a.</td>
<td>Follows a systematic approach to writing a clear database.</td>
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<tr>
<td>b.</td>
<td>Includes all components of a database relevant for the patient.</td>
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<td>c.</td>
<td>Records accurate information from available resources.</td>
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<td><strong>2. Accurately record the assessment findings showing evidence of clinical reasoning</strong></td>
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<tr>
<td>a.</td>
<td>Includes all relevant subjective findings accurately.</td>
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<tr>
<td>b.</td>
<td>Includes all relevant objective findings accurately.</td>
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<td>c.</td>
<td>Records information in a logical, factual manner.</td>
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<td>d.</td>
<td>Documents appropriate analysis of assessment and treatment which demonstrates a basic understanding of the main problems.</td>
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<td><strong>3. Demonstrates evidence of clinical reasoning in documentation</strong></td>
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<tr>
<td>a.</td>
<td>Includes all components of the POMR in notes and understands sequence of format.</td>
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<tr>
<td>b.</td>
<td>Places information received under correct headings without omissions.</td>
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<tr>
<td>c.</td>
<td>Clear layout and demonstration of logical thought process.</td>
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<tr>
<td>d.</td>
<td>Documents appropriate and SMART short and long term goals.</td>
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<tr>
<td>e.</td>
<td>Writes accurate treatment summaries and discharge letters.</td>
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<td><strong>4. Record clear, concise, legible notes that have appropriate use of abbreviations</strong></td>
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</tr>
<tr>
<td>a.</td>
<td>Writes concise and legible records.</td>
<td></td>
<td></td>
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<tr>
<td>b.</td>
<td>Uses appropriate terminology/abbreviations.</td>
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<tr>
<td></td>
<td><strong>TOTAL MARK AWARDED</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**Please tick √ or X as appropriate**

| Adhere to legal requirements and local guidelines regarding documentation/signature | | |
| a. | Adheres to all national legal requirements. | | |
| b. | Completes and signs all documentation as per local guidelines. | | |
| c. | Ensures notes are countersigned by educator | | |
| d. | Follows all local guidelines relating to storage of documentation. | | |
## Documentation

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Excellent documentation skills. Evidence of excellent clinical reasoning in documentation. Consistently demonstrates outstanding ability in record keeping. Always independently documents full comprehensive and accurate POMR. Consistently keeps clear, concise, legible and appropriate records. Always conforms to national and local guidelines on documentation. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Very good documentation skills. Evidence of very good clinical reasoning in documentation. Keeps succinct and coherent POMR with all details required for most patients. Records are legible and appropriate but occasionally lack detail. Conforms to national and local guidelines on documentation.</td>
</tr>
<tr>
<td><strong>2.2</strong> Score 5-5.9</td>
<td>Good documentation skills. Evidence of good clinical reasoning in documentation. Correctly documents POMR with most detail required. Records are legible and appropriate but sometimes lack detail. Conforms to national and local guidelines on documentation most of the time.</td>
</tr>
<tr>
<td><strong>3</strong> Score 4-4.9</td>
<td>Adequate documentation skills. Evidence of adequate clinical reasoning in documentation. Creates POMR that contains inaccuracies and omits some important details. Needs prompting to correctly document a database and SOAP notes. Written communication sometimes difficult to read and inconcise. Adheres to national or local guidelines on documentation some of the time.</td>
</tr>
<tr>
<td><strong>FAIL</strong> Score 0-3.9</td>
<td>Unsatisfactory/poor documentation skills. Evidence of unsatisfactory clinical reasoning in documentation. Demonstrates persistently unsatisfactory/poor record keeping. Uncertain about merits of database. Fails to document POMR to a satisfactory level despite prompting. Most of the time lacks detail and frequently contains inaccuracies or may be illegible. Consistently not conforming to national or local guidelines on documentation.</td>
</tr>
</tbody>
</table>

### Midway comments

### Final comments
## Communication

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL TWO</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **By the end of this placement the student will:**                               | **1. Communicate effectively with the patient**<br>a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with patients.  
b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with patients.  
c. Listens attentively and uses information to redirect questions.  
d. Initiates discussion and encourages patients to express their own opinions and ask questions during assessment and treatment.  
e. Clearly explains the aspects of management and care to patient.  
f. Respects the rights, dignity and individuality of the patient. |                 |                 |
|                                                                                  | **2. Communicate effectively with the carer/family**<br>a. Demonstrates an appropriate level of confidence in approaching carer/family and establishes a rapport.  
b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with family/carer.  
c. Clearly explains the aspects of management and care to family/carer.  
d. Respects the rights, dignity and individuality of the family/carer. |                 |                 |
|                                                                                  | **3. Communicate effectively with physiotherapy colleagues**<br>c. Demonstrates regular and timely communication with practice educator and physiotherapy colleagues.  
d. Participates in and/or initiates appropriate dialogue with practice educator and physiotherapy colleagues. |                 |                 |
|                                                                                  | **4. Communicate effectively with MDT (e.g. ward staff, health professionals, administration staff, personnel, porters)**<br>a. Seeks and feeds back salient clinical information about patients and treatment information from ward staff.  
b. Participates in and/or initiates appropriate and professional dialogue with the MDT at all levels.  
c. Establishes appropriate professional relationships and engages in effective discourse with other members of the MDT. |                 |                 |
|                                                                                  | **5. Demonstrate appropriate presentation skills**<br>a. Gives talks/case presentations to colleagues and other professionals.  
b. Speaks audibly and clearly.  
c. Shows evidence of preparation for presentations and answers questions from the audience. |                 |                 |
|                                                                                  | **TOTAL MARK AWARDED**                                                                                                                                                                                                   |                 |                 |
NOTE: If Learning Outcomes 2 and/or 5 are not encountered by the student during placement, please place N/A in the mark box and note this change on the front page. The marks for this section will be readjusted.
## Communication

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent communication skills. Always speaks so that the patient/carer is totally informed. Always aware of verbal and non-verbal communication skills. Always demonstrates respect for the rights, dignity and individuality of the patient. Excellent communicator with physiotherapy staff and expresses self clearly with colleagues and MDT. Excellent presentation skills with clear structure and clear evidence of background preparation. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good communication skills. Speaks so that the patient/carer is totally informed. Aware of verbal, non-verbal communication skills. Consistently shows ability to relate to all members of the MDT and respects the rights, dignity and individuality of the patient. Very good communicator with physiotherapy staff and MDT colleagues and supervisor. Very good presentation skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of communication skills. Speaks so that the patient/carer is informed most of the time. Demonstrates respect for the rights, dignity and individuality of the patient. Good communicator with physiotherapy staff and MDT colleagues. Could communicate better with supervisor. Needs to work actively at seeking/delivering information to get the most from the MDT. Good presentation skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate communication skills. Adequate communication with patient/carer. Inconsistently demonstrates respect for the rights, dignity and individuality of the patient. Needs encouragement to build up relationships within MDT. Does not always use other members of the MDT for information nor inform them of the physiotherapy input. Presentations skills weak, needing more work at preparation and structure.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Unsatisfactory level of communication skills. Unsatisfactory communication with patient/carer. Little evidence of ability to respect the rights, dignity and individuality of patients. Poor at relating to physiotherapy colleagues and keeping senior fully informed despite verbal instructions. Little evidence of interaction with MDT. Poor presentation skills, demonstrating poor preparation and structure.</td>
</tr>
</tbody>
</table>

### Midway Comments

### Final Comments
PART 2
This section carries no marks. Students’ performance must normally be satisfactory on all aspects of Part 2 in order to pass the placement. Failure of either section in Part 2 will normally override Part 1 of the assessment and cause the student to fail the placement.

Has the student completed their planned and unplanned learning activities and discussed it with their Practice Educator/Tutor?
Yes □ No □

A record of warnings must be completed in situations where there are significant concerns relating to safety or professional behaviour.

SAFETY

Fail:
Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling). Is unaware of or disregards the contraindications of treatment. Applies treatment techniques and handling skills in a way which puts patient and/or self at risk. Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints. Persists in unsafe practice despite verbal instruction and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.

PROFESSIONAL BEHAVIOR

Students should follow the Rules of Professional Conduct of the Irish Society of Chartered Physiotherapists.

Fail:
Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Demonstrates persistently poor record keeping. Does not respect patient confidentiality. Poor or inappropriate standards of dress and/or hygiene. May exploit the mutual trust and respect inherent within a therapeutic relationship. Persists in unprofessional behaviour despite verbal instructions and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.
RECORD OF CLINICAL HOURS COMPLETED
It is the students’ responsibility to ensure these hours are recorded and totalled accurately

STUDENT
NAME___________________________________Year_________________

<table>
<thead>
<tr>
<th>Placemen nt Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
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<tbody>
<tr>
<td>Week 1</td>
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</table>

*Lunch breaks do not contribute to the total hours completed.*

I confirm that this is an accurate record of the clinical hours completed by the student.

PRACTICE EDUCATOR/TUTOR NAME
_____________________________________

PE/PT SIGNATURE ___________________________ CORU REG ___________

DATE ________________
Discipline of Physiotherapy  
Clinical Placement Assessment Form LEVEL 3

Student Name: __________________________________________________
Name of Clinical Site: _____________________________________________
Clinical Specialty/Specialties: _______________________________________
Dates of Placement: From ____________ To ________________
No. of Days Absent: ____________ Reason: _________________________
Name of Practice Tutor: __________________________________________
Name of Practice Educator: _______________________________________
Name of Visiting Academic Staff: __________________ Date of Visit ____________
P1 □  P2 □   P3 □   P4 □   P5 □

<table>
<thead>
<tr>
<th>Section</th>
<th>Mark</th>
</tr>
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<tbody>
<tr>
<td>Patient Assessment</td>
<td>/100</td>
</tr>
<tr>
<td>Patient Treatment / Management</td>
<td>/100</td>
</tr>
<tr>
<td>Professionalism</td>
<td>/90</td>
</tr>
<tr>
<td>Documentation</td>
<td>/40</td>
</tr>
<tr>
<td>Communication</td>
<td>/50</td>
</tr>
<tr>
<td>Total Mark</td>
<td>/380</td>
</tr>
</tbody>
</table>

Overall Placement Score: ____________ Overall Grade: ____________

It is the responsibility of the student to ensure that this form is completed and returned to the Practice Education Co-ordinator within one week of the placement.

I feel the following 3 needs should be addressed on subsequent placements:
1. ____________________________________________________________________
2. ____________________________________________________________________
3. ____________________________________________________________________

Other Comments

I confirm that I have received feedback during the course of this placement and on this CAF

Student Signature: ____________ Date: ____________
Practice Educators Signature: ____________ Date: ____________
CORU Registration Number: ____________

169
GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

The assessment of the student’s performance is divided into two parts.

**Part 1** contains five areas of practice each of which contribute to the overall grade. These comprise:

- Patient Assessment
- Patient Treatment/Management
- Professionalism
- Documentation
- Communication

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should have achieved by the end of the placement.

There are 10 learning outcomes in each of the areas of patient assessment, patient treatment/management and 9 in professionalism. There are 4 learning outcomes in documentation and 5 in communication.

For each of the learning outcomes, there are a number of expected behaviours, designed to help you decide if the learning outcome has been achieved at a particular level. This list of behaviours is not exhaustive but aims to guide you in assigning a mark.

The learning outcomes do not change from level one to level three, rather the **behaviours** change.

Assessment criteria for each area are given. You should apply these criteria to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. Forty percent reflects the minimum standard required of students to achieve a pass mark for any of the learning outcomes in that area. Within the first class honours grade, the mark 7 is reserved only for those students who are deemed to demonstrate outstanding achievement for their level in relation to the individual learning outcomes. When marking, it is essential to award the student a mark which most clearly reflects their achievement in relation to each individual learning outcome in each individual section.

A mark is awarded at both midway and end of placement. **Midway** assessment should be based on the work completed within the first half of a placement and marked in the midway section. The **final mark** should be based primarily on the performance on the latter half of a placement. For shorter placements or for specific placement sites, midway marks can be allocated as a total mark for each section rather than for individual learning outcome.
The final mark is given in the last days of placement. However, this mark can be adjusted to reflect changes in behaviours which may occur up until and including the last day of placement.

Space is provided for both comments and a mark to be recorded at midway and at the end of the placement. On the front page space for any general comments you may wish to make and for comments by the student is also provided. Please complete and sign this at the end of the placement.

Both the Professionalism and the Documentation section have tick boxes which should be completed with a √ indicating agreement that the student has adhered to all the behaviours described or X the student has not adhered to the behaviours. If the student does not adhere to one or two of the behaviours by the end of the placement then X is indicated in the box and the area that needs improvement is clarified e.g. X non-compliant with c. This also applies for midway assessment.

A student must meet the following criteria to pass the placement: score > 40% overall & pass Part 2. Students who score < 40% overall or score < 40% in 2 or more sections of the evaluation form or who fail Part 2 are deemed to have failed the placement. Anticipated failure in Part 1 should be identified as far as possible, discussed with the student and documented.

**Part 2** carries no marks but the student’s performance must normally be satisfactory in order to pass the placement. Failure in part 2 should normally be preceded by a formal warning, which should be documented on the assessment form and discussed with the student following the specific incident(s).

**A record of clinical hours** is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. The student will complete the record but please monitor and sign that the record is accurate. On the front page space for any general comments you wish to make is provided.

**NB** Both the Practice Educator and the Student must sign the form after feedback is given to the students on their performance. The Practice Educator must also sign the ‘Record of Clinical Hours’ page to confirm that the record of hours completed is accurate. It is the students’ responsibility to ensure these hours are recorded and totalled accurately. Students should complete the final table regarding time spend in different clinical areas before submitting this form to the Practice Education Coordinator.
<table>
<thead>
<tr>
<th>Level 1 form should be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2 form should be used for:</th>
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<tbody>
<tr>
<td>Placement 2</td>
</tr>
<tr>
<td>Placement 3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3 form should be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement 4</td>
</tr>
<tr>
<td>Placement 5</td>
</tr>
</tbody>
</table>
Clinical Experience Profile

Students are required to complete the table below for each placement. Information provided by students in this section gives a profile of the student’s clinical experiences and includes hours completed in core areas of practice. Please complete the table below as accurately as possible considering all patients seen during the placement. In particular clinical areas such as paediatric, acute rehab, acute medical admission etc. require hours completed to be broken down into core areas of practice e.g. a care of the elderly placement may have Neuro. 170 hours, Resp. 20. If you have any questions in relation to this part of the form please contact the Practice Education Co-ordinator.

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Age Category</th>
<th>Clinical Setting</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Neurology</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cardiorespiratory</td>
<td></td>
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<tr>
<td>Other (please state)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key:

Clinical Setting

1. Acute hospital rehabilitation inpatients or outpatients or both.
2. Community based rehabilitation – please specify one or more of the following settings: school based care, disability service, primary care outpatient, home care, step-down rehabilitation unit/hospital, classes in community centers. Some placement may be a combination of these settings.
3. Specialised Services e.g. NRH, maternity hospitals.

Age categories

A. Adults 15-64 years
B. Elderly 65+
C. Paediatrics 0-14
# Patient Assessment

<table>
<thead>
<tr>
<th>LEARNING OUTCOME By the end of this placement the student will:</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **1. Demonstrate appropriate background knowledge** | a. Comprehensively answers questions from educator/tutor on core clinical knowledge and skills.  
   b. Justifies assessment with reference to theoretical concepts, supported texts and the available evidence. |  |  |
| **2. Retrieve relevant information from available sources** | a. Efficiently selects all relevant information from all available sources prior to initiation of assessment.  
   b. Efficiently integrates this information into the subsequent assessment.  
   c. Has a clear understanding of the patient’s presenting complaint and management and engages in effective discussion with educator regarding this. |  |  |
| **3. Perform a subjective examination** | a. Efficiently executes a logical, systematic and comprehensive interview to identify and elucidate the patients problem/s within a given time period.  
   b. Avoids closed questioning.  
   c. Efficiently generates pertinent information which informs the subsequent objective examination.  
   d. Exhibits flexibility in enquiry responding appropriately to patient cues. |  |  |
| **4. Perform an objective examination** | a. Concisely explains purpose and format of objective assessment so that patient is fully informed.  
   b. Efficiently selects and accurately applies appropriate assessment techniques thereby demonstrating clear awareness of issues such as irritability, fatigue etc.  
   c. Selects and applies evidence based outcome measures.  
   d. Carefully employs effective handling skills.  
   e. Exhibits flexibility in the execution of the assessment by responding quickly to patient cues.  
   f. Maintains a safe environment. |  |  |
| **5. Demonstrate appropriate handling skills** | a. Optimally positions self displaying an adherence to the documented site policy on safe manual handling when executing the subjective and objective examination.  
   b. Employs appropriate, effective and skilful handling of patients during assessment. |  |  |
   e. Minimises physical and psychological stress during assessment.  
   f. Uses appropriate touch during assessment. |  |  |
| **7. Interpret and evaluate assessment findings** | f. Identifies, analyses and evaluates salient points from assessment.  
   g. Relates clinical signs and symptoms to underlying pathology and integrates this knowledge into management programme.  
   h. Recognises typical patterns of clinical presentation and relates this to current problems/ objective findings.  
   i. Discusses factors which limit patient’s ability to continue or comply with assessment tasks and demonstrates this understanding when designing management programme.  
   j. Formulates a comprehensive, prioritised problem list based on assessment findings. |  |  |
   e. Selects and justifies a range of treatment approaches which address identified problems and goals in a holistic manner.  
   f. Sets appropriate priorities in planning treatment which demonstrate a clear insight of patient goals, lifestyle and capabilities. |  |  |
9. **Set realistic goals**
   a. Uses assessment findings, and clinical reasoning skills to set appropriate, SMART short term and long term goals of treatment.
   b. Predicts likely clinical outcomes on the basis of background knowledge of disease processes and experience and plans for this.

10. **Perform assessment safely**
   d. Identifies and clears hazards in environment prior to and during assessment.
   e. Maintains appropriately close proximity to patients during assessment.
   f. Monitors patient response to assessment and modifies/discontinues assessment where patient safety is at risk.

**TOTAL MARK AWARDED**

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent level of relevant knowledge, understanding and synthesis. Demonstrates an excellent ability to retrieve patient information from relevant sources. Excellent standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates excellent practice in terms of safety and patient handling. Excellent and thorough interpretation and evaluation of assessment findings. Excellent ability to formulate a problem list and set realistic goals. Excellent ability to design a treatment plan with sound justification and can offer a broad repertoire of appropriate treatment techniques. Integrates reflective analytical and practical skills. Very high level of clinical reasoning skills. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good level of relevant knowledge, understanding and synthesis. Demonstrates a very good ability to retrieve patient information from relevant sources. Very good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates very good practice in terms of safety and patient handling. Very good and thorough interpretation and evaluation of assessment findings. Very good ability to formulate a problem list and set realistic goals. Designs a treatment plan with sound justification and can offer a repertoire of appropriate treatment techniques. Shows very good level of reflective, analytical and practical skills. High level of clinical reasoning skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of relevant knowledge, understanding and synthesis. Demonstrates a good ability to retrieve patient information from relevant sources. Good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Most of the time demonstrates good practice in terms of safety and patient handling. Good interpretation and evaluation of assessment findings. Good ability to formulate a problem list and set realistic goals. Designs a treatment plan with some justification and can suggest some appropriate treatment techniques. Shows good level of reflective, analytical and practical skills. Good clinical reasoning skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate level of relevant knowledge, understanding and synthesis but shows some shortfalls. Gathers most of necessary information but does not fully use all resources. Performs an adequate assessment but not always comprehensively, efficiently or appropriately. Demonstrates adequate practice in terms of safety and patient handling. Only satisfactory interpretation and evaluation of assessment findings. Some of the time has difficulty in formulating problem lists and setting realistic goals. Designs a treatment plan with some justification but has a limited repertoire of appropriate treatment techniques. Has difficulty in integrating reflective, analytical and practical skills. Adequate clinical reasoning skills.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Significant gaps in relevant knowledge, understanding and synthesis. Gathers insufficient or irrelevant information. Inadequate standard of assessment. Displays an inadequate standard with regard to safety and patient handling skills and requires maximum guidance. Demonstrates poor skills in the evaluation and interpretation of assessment findings. Inadequate ability to formulate a treatment plan. Inadequate repertoire of treatment techniques. Shows little improvement with guidance. Poor ability to integrate reflective, analytical and practical skills. Unsatisfactory clinical reasoning skills.</td>
</tr>
<tr>
<td>Midway Comments</td>
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<table>
<thead>
<tr>
<th>Final Comments</th>
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<tbody>
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<td></td>
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</table>
**Treatment/Management**

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **1. Justify the treatment programme using evidence based practice** | a. Able to explain the rationale for choice of treatment to supervisor/patient comprehensively.  
b. Demonstrates comprehensive links between theory and practice.  
c. Uses evidence based practice to justify own clinical reasoning during discussions.  
d. Is prepared to challenge existing custom and practice with in the clinical environment in an informed and constructive manner. | | |
| **2. Implement a treatment programme** | a. Applies treatment approaches accurately and appropriately.  
b. Adapts his/her skills to work within a specific clinical context/environment.  
c. Considers patients lifestyle/hobbies and integrates this into treatment programme where appropriate  
d. Carries out clinical/treatment instructions fully. | | |
| **3. Carry out treatment tasks within a reasonable time period** | a. Manages his/her patient time efficiently prioritising time allocated.  
b. Sets appropriate priorities in planning treatment  
c. Manages unexpected free time in a useful, conscientious manner.  
d. Carries out treatment tasks fully within designated time period. | | |
| **4. Educate patient appropriately** | a. Teaches aspects of management and care to patients comprehensively and in an effective manner.  
b. Writes down instructions e.g. HEPs for patients.  
c. Checks to see that the patient has understood.  
d. Educates and facilitates patients to manage their own health and well-being. | | |
| **5. Evaluate the effects of treatment** | a. Measures clinical outcome for own patients using defined subjective and objective markers and reviews same.  
b. Appropriately assesses patient response to treatment techniques within a treatment session and adjusts/progresses accordingly.  
c. Analyses the reasons behind success or failure of treatment interventions. | | |
| **6. Modify treatment** | a. Has a range of solutions to flexibly adopt treatment techniques according to patient response. | | |
| **7. Manage the end of the patient care episode** | a. Documents treatment summaries/discharge reports.  
b. Recognises when discharge criteria have been met independently.  
c. Aware of onward referral options and organises onward referral where required. | | |
### 8. Demonstrate appropriate manual handling skills for self and patient during treatment

- a. Uses appropriate manual handling practices for self and patient.
- b. Positions self optimally when treating patients.
- c. Selects appropriate pieces of manual handling equipment for individual patients and can justify use of same.

### 9. Implement safe practice during treatment

- h. Checks contraindications prior to treatment.
- i. Checks equipment conforms to patients needs.
- j. Ensures a safe environment during and after treatment.
- k. Always gives standard warnings to patients about treatments.
- l. Carries out standard checks on patients after treatment.
- m. Consults with seniors and other staff before taking new or unfamiliar action in the clinical situation.
- n. Acts and advises only within scope of practice.

### 10. Demonstrate an appreciation of a holistic approach to patient treatment and management

- a. Identifies and understands physical, mental, emotional and social factors in a patient's condition.
- b. Incorporates treatment approaches that aim to maintain and improve health rather than just treating at impairment level.

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**TOTAL MARK AWARDED**

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Excellent ability to link theory and practice. Demonstrates an excellent standard of evidence based practice. Procedures are consistently applied accurately, efficiently and fluently. Interventions are tailored to meet the patient's specific needs and may be flexible, innovative and/or imaginative. Always manages time efficiently. Consistently excellent in explaining aspects of management and care to the patient. Excellent standard of evaluation of treatment. Procedures are consistently progressed accurately, efficiently and fluently. Consistently effective in managing the end of the patient care episode. Consistently demonstrates accurate and confident handling skills that are sensitive to the patients needs. Excellent awareness of safety issues at all times. Always aware of and adapts a holistic approach to patient management. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Very good ability to link theory and practice. Demonstrates a very good standard of evidence based practice. Procedures are applied accurately and efficiently with minimal prompting. Interventions are effective and flexible. Interventions are completed within an agreed time frame. Very good at explaining aspects of management and care to the patient. Demonstrates very good ability to carry out ongoing assessment and re-evaluation following some consultation. Procedures are progressed accurately and efficiently with minimal prompting. Manages the end of the patient care episode with minimal prompting. Demonstrates accurate and confident handling skills, preparing patient, self and environment appropriately. Demonstrates safe practice at all times.Aware of and adopts a holistic approach to patient management most of the time.</td>
</tr>
<tr>
<td>Score 5-5.9</td>
<td>Good ability to link theory and practice. Demonstrates a good standard of evidence based practice. Applies selected procedures accurately, with some prompting but lacks confidence in the selection of appropriate techniques. Most interventions are effective. Most interventions are completed within a reasonable time period. Good at explaining aspects of management and care to the patient. Demonstrates good ability to carry out ongoing assessment but requires some help in evaluating the treatment programme. Procedures are progressed accurately with prompting. Manages the end of the patient care episode with guidance. Handling skills are generally effective. Prepares patient, self and environment appropriately. Demonstrates safe practice. Aware of and adopts a holistic approach to patient management.</td>
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</tr>
<tr>
<td>Score 4-4.9</td>
<td>Demonstrates some shortfalls in linking theory and practice but acceptable. Limited evidence of evidence based practice, lacking confidence in the justification of selected procedures. Applies procedures adequately but requires guidance in determining the aims of treatment and programme of treatment. Interventions may be poorly sequenced and/or incomplete. Experiences difficulties with time management. Adequate at explaining aspects of management and care to the patient. Requires a substantial amount of guidance with regard to the evaluation of treatment outcome. Difficulty with modifying/progressing treatment. Experiences difficulty in managing the end of the patient care episode and requires repeated assistance. Variable accuracy and some hesitancy demonstrated in the application of handling skills. Adheres to safe practice. With repeated assistance, is aware of and adopts a holistic approach to patient management.</td>
</tr>
<tr>
<td>FAIL</td>
<td>Consistent shortfalls in linking theory and practice. Poor ability to demonstrate evidence based practice and make/justify clinical decisions. Experiences considerable difficulty in the selection of appropriate techniques and requires maximum guidance an instruction. Procedures tend to be applied inadequately. Inaccurate and/or inappropriate treatments present much of the time. Demonstrates an inadequate standard in terms of treatment skills required for patient care despite guidance. Poor time management skills despite guidance. Fails to explain aspects of management and care to the patient despite guidance. Demonstrates consistently inadequate reassessment of patients despite guidance. Consistently fails to progress or modify treatment despite guidance. Poor ability to manage end of patient care episode despite guidance. Consistently poor handling skills demonstrated. Fails to adhere to principles of safe practice. Despite guidance, remains unaware of and does not adopt a holistic approach to patient management.</td>
</tr>
</tbody>
</table>

**Midway Comments**

**Final Comments**
<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this placement the student will:</td>
<td>a. Shows evidence of pre placement reading and ongoing placement preparation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Demonstrate adequate preparation for placement</td>
<td>b. Has identified needs from previous placement and has prepared strategies for self-improvement.</td>
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<tr>
<td></td>
<td>c. Has comprehensive knowledge of conditions encountered on placement and integrates this in discussions with educator.</td>
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</tr>
<tr>
<td>2. Identify their own learning needs</td>
<td>a. Recognises and takes responsibility for individual learning needs and identify areas for future development.</td>
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<tr>
<td></td>
<td>b. Uses a reflective approach to practice.</td>
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<tr>
<td>3. Set learning outcomes for the placement</td>
<td>a. Sets SMART learning outcomes relevant to the placement location.</td>
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<tr>
<td></td>
<td>b. Reviews and modifies learning outcomes as appropriate and initiates discussion with educator regarding progress.</td>
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<td></td>
<td>c. Documents ongoing evidence of evaluation of goals and /or additional needs.</td>
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<tr>
<td>4. Demonstrate initiative and willingness to learn</td>
<td>a. Shows active interest through appropriate questioning.</td>
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<td></td>
<td>b. Seeks out available opportunities for practice/learning.</td>
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<td></td>
<td>c. Voluntarily participates in CPD opportunities.</td>
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<tr>
<td>5. Act on and accept guidance and/or feedback</td>
<td>a. Modifies practice according to feedback.</td>
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<tr>
<td></td>
<td>b. Demonstrates appropriate and professional response to feedback.</td>
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<tr>
<td>6. Demonstrate an awareness of their own limitations and seek help where necessary</td>
<td>a. Reports findings to supervising clinician appropriately.</td>
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<tr>
<td></td>
<td>b. Can identify strengths and weaknesses in discussion with supervisor and seeks to address these</td>
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<tr>
<td></td>
<td>c. Discusses new treatments and conditions with supervisor prior to implementation and justifies possible solutions / strategies.</td>
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<tr>
<td>7. Prioritise and manage their caseload according to the needs of the department</td>
<td>a. Organises self in response to needs of department</td>
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<tr>
<td></td>
<td>b. Demonstrates organisational skills including prioritisation and management of appropriate workload.</td>
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<tr>
<td></td>
<td>c. Take responsibility for managing an appropriate caseload.</td>
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<tr>
<td>8. Recognise the role of the physiotherapist in the multidisciplinary team</td>
<td>a. Recognises and respects the roles of all members of the multidisciplinary team and initiates communication as appropriate.</td>
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<tr>
<td></td>
<td>b. Liaises with other members of MDT about shared patients management.</td>
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<tr>
<td></td>
<td>c. Is aware of organisational structures in the workplace.</td>
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<tr>
<td>9. Demonstrate appropriate professional</td>
<td>a. Dresses professionally according to local policy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| behaviours and attitudes | b. Is punctual for clinical duties and appointments.  
| | c. Completes delegated tasks fully and properly.  
| | d. Negotiates in a learning or professional context and manages conflict.  
| | e. Uses initiative in dealing with difficult situations. |
| TOTAL MARK AWARDED | |

Please tick √ or X as appropriate

| Maintain patient confidentiality | a. Complies with best practice in this area.  
| | b. Does not remove patient notes from the placement site.  
| | c. Does not have any identifying features on personal notes or reflections on patients. |
Professionalism

<table>
<thead>
<tr>
<th>Numerical</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>band</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Score 7-10 Demonstrates evidence of excellent pre-placement preparation and ongoing preparation during placement. Demonstrates excellent awareness of own weaknesses and learning needs and acts on same. Requires minimal facilitation in setting and achieving placement objectives demonstrating evidence of continuous reflection and review of goals. Demonstrates excellent, independent ability to seek out opportunities for practice and learning. Excellent judgement in recognising personal limitations and always seeks help appropriately. Always modifies practice/behaviour in response to feedback. Maintains excellent patient confidentiality. Excellent management of own workload, demonstrating excellent responsibility for own patients and always keeps educator fully informed. Effective, proactive member of the MDT. Demonstrates excellent professional behaviour and attitudes. <em>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</em></td>
</tr>
<tr>
<td>2.1</td>
<td>Score 6-6.9 Demonstrates evidence of very good pre-placement preparation and ongoing preparation during placement. Demonstrates very good awareness of own weaknesses and learning needs. Requires some facilitation in setting and achieving placement objectives although demonstrates evidence of continuous reflection and review of same. Demonstrates very good ability to seek out opportunities for practice and learning. Very good judgement in recognising personal limitations and seeks help appropriately. Modifies practice/behaviour in response to feedback most of the time. Maintains very good patient confidentiality. Very good management of own workload, demonstrating very good acceptance of responsibility for own patients. Keeps educator informed most of the time. Shows the ability to relate to all members of MDT. Very good professional behaviour and attitudes</td>
</tr>
<tr>
<td>2.2</td>
<td>Score 5-5.9 Demonstrates evidence of good pre-placement preparation and ongoing preparation during placement, but can occasionally lapse. Demonstrates good awareness of own weaknesses and learning needs although occasionally requires prompting. Requires facilitation in setting and achieving placement objectives and occasional prompting to review and reflect on same. Demonstrates good ability to seek out opportunities for practice and learning but may require prompting/ encouragement. Good judgement in recognising personal limitations but may not always seek help when required. Modifies practice/behaviour in response to feedback most of the time but can need reminding. Maintains good patient confidentiality. Good management of own workload, demonstrating good acceptance of responsibility for own patients. May not always keep the educator informed about all patients all of the time. Can relate to all members of the MDT most of the time. Good professional behaviour and attitudes</td>
</tr>
<tr>
<td>3</td>
<td>Score 4-4.9 Demonstrates some evidence of pre-placement preparation and preparation during placement, but inconsistent. Demonstrates some awareness of own weaknesses and learning needs but requires prompting and some facilitation to progress these. Requires considerable facilitation in setting and achieving placement objectives and further facilitation/ prompting to review and reflect on same. Demonstrates acceptable ability to seek out opportunities for practice and learning but requires a lot of prompting and encouragement. Limited but acceptable judgement in recognising personal limitations, does not always seek help when required but remains safe. Modifies practice/behaviour in response to feedback some of the time. Maintains acceptable patient confidentiality. Has difficulty managing workload and occasionally does not report back to educator. Demonstrates acceptance of responsibility for own patients. Can relate to some members of the MDT some of the time. Acceptable professional behaviour and attitudes</td>
</tr>
<tr>
<td>FAIL</td>
<td>Score 0-3.9 Demonstrates unsatisfactory pre-placement preparation and inadequate ongoing preparation. Unable to identify own weaknesses, learning needs and requires an unacceptable level of assistance in order to complete learning contract. Does not review or reflect on achievement of learning goals despite prompting. Demonstrates unsatisfactory ability to seek out opportunities for practice and learning. Unable to recognise personal limitations and does not seek help appropriately. Does not modify practice/behaviour in response to feedback. Unacceptable patient confidentiality. Reluctant to take on responsibility demonstrating difficulty managing workload and does not report back to educator adequately. Unsatisfactory in relating to MDT. Unacceptable or poor professional behaviour and attitudes</td>
</tr>
</tbody>
</table>

Midway Comments

182
Final Comments
## Documentation

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL 3</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| **1. Document a comprehensive and appropriate database** | a. Follows a systematic approach to writing a clear, concise database.  
b. Includes, understands and can justify all components of a database relevant for the patient.  
c. Records accurate information from available resources that is relevant to the patient management. | | |
| **2. Accurately record the assessment findings showing evidence of clinical reasoning** | a. Includes all relevant subjective findings accurately and without omissions.  
b. Includes all relevant objective findings accurately and without omissions.  
c. Records information in a logical, factual manner.  
d. Comprehensively documents appropriate analysis of assessment and treatments demonstrating a clear understanding of the main problems and justification of chosen treatments. | | |
| **3. Demonstrates evidence of clinical reasoning in documentation** | a. Completes accurate and comprehensive POMR notes.  
b. Writes full, logical and concise treatment summaries and discharge letters independently.  
c. Documents appropriate SMART short and long term goals.  
d. Documents a clearly prioritised problem list | | |
| **4. Record clear, concise, legible notes that have appropriate use of abbreviations** | a. Writes concise and legible records.  
b. Uses appropriate terminology/abbreviations. | | |

**TOTAL MARK AWARDED**

---

**Please tick ✓ or X as appropriate**

| Adhere to legal requirements and local guidelines regarding documentation/signature | a. Adheres to all national legal requirements.  
b. Completes and signs all documentation as per local guidelines.  
c. Ensures notes countersigned by educator  
d. Follows all local guidelines relating to storage of documentation. | | |
## Documentation

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score 1</strong> (7-10)</td>
<td>Excellent documentation skills. Evidence of excellent clinical reasoning in documentation. Consistently demonstrates outstanding ability in record keeping. Always independently documents full comprehensive and accurate POMR. Consistently keeps clear, concise, legible and appropriate records. Always conforms to national and local guidelines on documentation. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td><strong>Score 2.1</strong> (6-6.9)</td>
<td>Very good documentation skills. Evidence of very good clinical reasoning in documentation. Keeps succinct and coherent POMR with all details required for most patients. Records are legible and appropriate but occasionally lack detail. Conforms to national and local guidelines on documentation.</td>
</tr>
<tr>
<td><strong>Score 2.2</strong> (5-5.9)</td>
<td>Good documentation skills. Evidence of good clinical reasoning in documentation. Correctly documents POMR with most detail required. Records are legible and appropriate but sometimes lack detail. Conforms to national and local guidelines on documentation most of the time.</td>
</tr>
<tr>
<td><strong>Score 3</strong> (4.9)</td>
<td>Adequate documentation skills. Evidence of adequate clinical reasoning in documentation. Creates POMR that contains inaccuracies and omits some important details. Needs prompting to correctly document a database and SOAP notes. Written communication sometimes difficult to read and inconcise. Adheres to national or local guidelines on documentation most of the time.</td>
</tr>
<tr>
<td><strong>FAIL</strong> (Score 0-3.9)</td>
<td>Unsatisfactory/poor documentation skills. Evidence of unsatisfactory clinical reasoning in documentation. Demonstrates persistently unsatisfactory/poor record keeping. Uncertain about merits of database. Fails to document POMR to a satisfactory level despite prompting. Most of the time lacks detail and frequently contains inaccuracies or may be illegible. Consistently not conforming to national or local guidelines on documentation.</td>
</tr>
</tbody>
</table>

### Midway Comments

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### Final Comments

- 

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## Communication

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
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</thead>
<tbody>
<tr>
<td>1. Communicate effectively with the patient</td>
<td>a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with patients.&lt;br&gt;b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with patients.&lt;br&gt;c. Listens skilfully and flexibly and uses information to redirect questions.&lt;br&gt;d. Initiates discussion and encourages patients to express their own opinions and ask questions during assessment and treatment.&lt;br&gt;e. Comprehensively explains the aspects of management and care to patient.&lt;br&gt;f. Respects the rights, dignity and individuality of the patient.&lt;br&gt;g. Asserts self sensitively and adapts in response to unexpected events.</td>
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<tr>
<td>2. Communicate effectively with the family/carer</td>
<td>a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with family/carer.&lt;br&gt;b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with family/carer.&lt;br&gt;c. Comprehensively explains the aspects of management and care to family/carer.&lt;br&gt;d. Respects the rights, dignity and individuality of the family/carer.&lt;br&gt;e. Asserts self sensitively and adapts in response to unexpected events.</td>
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<tr>
<td>3. Communicate effectively with physiotherapy colleagues</td>
<td>a. Demonstrates regular and timely communication with clinical educator and physiotherapy colleagues.&lt;br&gt;b. Participates in and/or initiates appropriate dialogue with clinical educator and professional colleagues about professional issues and patient management.</td>
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<tr>
<td>4. Communicate effectively with MDT (e.g. ward staff, health professionals, administration staff, personnel, porters)</td>
<td>a. Seeks and feeds back salient clinical information about patients and treatment information from ward staff.&lt;br&gt;b. Participates in and/or initiates appropriate and professional dialogue with the MDT at all levels.&lt;br&gt;c. Establishes appropriate professional relationships and engages in effective discourse with other members of the MDT.&lt;br&gt;d. Communicates inappropriate referral/cessation of treatment effectively.</td>
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<tr>
<td>5. Demonstrate appropriate presentation skills</td>
<td>a. Gives talks/case presentations to colleagues and other professionals confidently and professionally.&lt;br&gt;b. Speaks audibly and clearly.&lt;br&gt;c. Demonstrates comprehensive preparation for presentations and answers questions comprehensively.</td>
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</table>
NOTE: If Learning Outcomes 2 and/or 5 are not encountered by the student during placement, please place N/A in the mark box and note this change on the front page. The marks for this section will be readjusted.

### Communication

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent communication skills. Always speaks so that the patient/carer is totally informed. Always aware of verbal and non-verbal communication skills. Always demonstrates respect for the rights, dignity and individuality of the patient. Excellent communicator with physiotherapy staff and expresses self clearly with colleagues and MDT. Excellent presentation skills with clear structure and clear evidence of background preparation. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good communication skills. Speaks so that the patient/carer is totally informed. Aware of verbal, non-verbal communication skills. Shows ability to relate to all members of the MDT and respects the rights, dignity and individuality of the patient. Very good communicator with physiotherapy staff and MDT colleagues and supervisor. Very good presentation skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of communication skills. Speaks so that the patient/carer is informed most of the time. Demonstrates respect for the rights, dignity and individuality of the patient. Good communicator with physiotherapy staff and MDT colleagues. Could communicate better with supervisor. Needs to work actively at seeking/delivering information to get the most from the MDT. Good presentation skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate communication skills. Adequate communication with patient/carer. Inconsistently demonstrates respect for the rights, dignity and individuality of the patient. Needs encouragement to build up relationships within MDT. Does not always use other members of the MDT for information nor inform them of the physiotherapy input. Presentations skills weak, needing more work at preparation and structure.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Unsatisfactory level of communication skills. Unsatisfactory communication with patient/carer. Little evidence of ability to respect the rights, dignity and individuality of patients. Poor at relating to physiotherapy colleagues and keeping senior fully informed despite verbal instructions. Little evidence of interaction with MDT. Poor presentation skills, demonstrating poor preparation and structure.</td>
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<tr>
<td>Midway comments</td>
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<td>Final Comments</td>
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PART 2
This section carries no marks. Students’ performance must normally be satisfactory on all aspects of Part 2 in order to pass the placement. Failure of either section in Part 2 will normally override Part 1 of the assessment and cause the student to fail the placement.

Has the student completed their planned and unplanned learning activities and discussed it with their Practice Educator/Tutor? Yes □ No □

A record of warnings must be completed in situations where there are significant concerns relating to safety or professional behaviour.

SAFETY

Fail : Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling). Is unaware of or disregards the contraindications of treatment. Applies treatment techniques and handling skills in a way which puts patient and/or self at risk. Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints. Persists in unsafe practice despite verbal instruction and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.

PROFESSIONAL BEHAVIOR

Students should follow the Rules of Professional Conduct of the Irish Society of Chartered Physiotherapists.

Fail : Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Demonstrates persistently poor record keeping. Does not respect patient confidentiality. Poor or inappropriate standards of dress and/or hygiene. May exploit the mutual trust and respect inherent within a therapeutic relationship. Persists in unprofessional behaviour despite verbal instructions and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.
**RECORD OF CLINICAL HOURS COMPLETED**

It is the students’ responsibility to ensure these hours are recorded and totalled accurately.

**STUDENT NAME______________________________ YEAR________**

<table>
<thead>
<tr>
<th>Placement Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
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<td>Week 1 Date</td>
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*Lunch breaks do not contribute to the total hours completed.

I confirm that this is an accurate record of the clinical hours completed by the student.

**PRACTICE EDUCATOR/TUTOR NAME**

______________________________________________

**PE/PT SIGNATURE ___________________________ CORU REG __________

**DATE _________________**